



REUNION INSURANCE COMPANY

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 Masauko Chipembere Highway
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 Blantyre, Malawi.
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PUBLIC LIABILITY CLAIM FORM

The issue of this form does not imply admission of liability on the part of this company.

All questions must be answered fully - Ticks and dashes are not acceptable.

Name of Insured:

Full Address:

Tel No.

Business or Occupation:

Policy No.

1.	(a) When did the accident occur? (b) Where did the accident occur? (c) Explain fully how the accident happened.	(a) (b) (c)
2.	Give names and addresses of witnesses (if any)	
3.	(a) Was the accident reported to police? (b) If yes; (i) Name the Police Station (ii) Give date of notification (iii) Give the name of person who reported to the police	(a) YES / NO (b) (i) (ii) (iii)
4.	(a) Were persons injured? (b) If yes, provide full details on page 2.	(a) YES / NO
5.	(a) Was any property damaged? (b) If yes, provide full details on page 2.	(a) YES / NO

A. DETAILS OF INJURED PERSONS

NAME	OCCUPATION	AGE	NATURE OF INJURY	FULL ADDRESS

B. DETAILS OF PROPERTY DAMAGED

QUANTITY	DESCRIPTION OF PROPERTY	EXTENT OF DAMAGE	ESTIMATED COST OF DAMAGE	OWNER'S NAME AND FULL ADDRESS



A. DETAILS OF INJURED PERSONS

NAME	OCCUPATION	AGE	NATURE OF INJURY	FULL ADDRESS

B. DETAILS OF PROPERTY DAMAGED

QUANTITY	DESCRIPTION OF PROPERTY	EXTENT OF DAMAGE	ESTIMATED COST OF DAMAGE	OWNER'S NAME AND FULL ADDRESS

6.	(a) Have you received notice of a claim? (b) If yes, provide full details and attach, to this form, any correspondence received.	(a) YES / NO (b)
7.	(a) Have you admitted liability (b) Do you think you are legally liable? (c) If yes, Give reasons why your are legally liable.	(a) YES / NO (b) YES / NO (c)
8.	(a) Are there any other insurances covering this accident? (b) If yes, give the name of the Insurance Company	(a) YES / NO (b)

DECLARATION

I / We hereby declare that the above details are in all respects true and correct.

Signature of Claimant:

Date: