



Established 1993

OPTION SHORT TERM INSURANCE BROKERS (PTY) LTD

INSURANCE BROKERS & GROUP SCHEME ADMINISTRATORS

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Registration No. 1993/06939/07 ▲ FSP Licence No. 8265 ▲ Vat No. 4210141406

PUBLIC LIABILITY CLAIM FORM

POLICY DETAILS

Broker: Option Short Term Insurance Brokers

Policyholder: _____

Policy Number: _____

POLICYHOLDER DETAILS

Full Name: _____

Identity Number: _____

Occupation: _____

Address: _____

Landline No.: _____

Mobile No.: _____

EVENT DETAILS

Date and **Time** of Loss: _____

Date and **Time** Reported to You: _____

Address where loss occurred: _____

INCIDENT INFORMATION

Please provide a full description of the incident:

CLAIMANT

Full Name: _____

Address: _____

Contact Number: _____

POLICE DETAILS

Police Case Reference No.: _____

Police Station: _____

Date Reported: _____

LIABILITY

Has the claimant approached you to claim as yet? _____

What is your stance on the claim against you? _____

What measures were put in place to avoid/ reduce loss? _____

WARRANTY

I hereby warrant that the above and statements are true and complete and contain all information known to me affecting the details of the claim.

Signature of Policyholder: _____

Capacity: _____

Date: _____