ZIMNAT LION INSURANCE COMPANY LIMITED

PUBLIC LIABILITY CLAIM FORM

ZIMNAT LION INSURANCE

Policy No. ..... **Claim No.** .....

(PLEASE ANSWER QUESTIONS FULLY)

INSTRUCTIONS

1. Complete this form in detail and return it to the Company without delay.
2. A person making a claim against you **must not** be advised that you are insured or as to the terms and extent of your insurance.
3. All claims made against you must be advised to the Company immediately on receipt and all communications forwarded unanswered to the Company.
4. The Company will subject to the terms and conditions of the Policy undertake your defence in any legal action and all notices or advise such action must be forwarded to the Company forthwith.
5. The issue of this form must not be considered as an admission of liability on the part of the Company but is issued in accordance with the terms and conditions of the Policy.

INSURED

Full Name .....
Address .....
.....
.....
Business or Occupation .....

PARTICULARS OF ACCIDENT

Date of Accident ..... Time ..... a.m./p.m.
Exact place where Accident happened .....
.....
Description of any Plant or Machinery causing Accident .....
.....
N.B. - The pieces of any broken plant or machinery must be preserved.
Explain fully how Accident happened .....
.....
.....
.....
.....
.....
.....
.....

THIRD

Name of person injured or Owner of property damaged .....
Address .....
.....
Business or occupation .....
Please give full details of (i) Personal Injuries (ii) Damage to Property of Third Parties
.....
.....
.....
Has any claim been made upon you verbally or in writing? .....
If so, give particulars .....
.....
.....
Have you made any offer to settle the claim in any way? .....

WITNESSES

Did police take particulars? ..... If so, give Name and No. of Constable
.....
Please give Names and Address of any witnesses. (If one were obtained, please state whether any were available and reason for not obtaining particulars.) .....
.....
.....

PROPERTY OWNERS
(to be completed only if claim is under a Property Owners' Policy)

Name and Address of your Tenant .....
.....
.....
.....
Nature of Tenancy ..... Period: Monthly / Quarterly / Annual
Had any notice of defects been given to you or your Agent? .....
If so, what steps had been taken to remedy them? .....
.....
.....

OTHER INSURANCES

Have you any other insurances in force in respect of this occurrence? If so, give full particulars
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.....
.....

SKETCH PLAN
(to be completed whenever applicable)

I/we hereby declare that the above statements are true to the best of my/our knowledge and belief and I/we claim in respect thereof the protection secured by my/our Policy.

Date .....

Signature .....

DELMA PRINTERS