



GOLDMAN INSURANCE LIMITED

HEAD OFFICE
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Tel: +260 211235234/5, 221861, 220316, 0953137530
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PUBLIC LIABILITY CLAIM FORM

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

1. NAME OF INSURED.....
FULL ADDRESS.....TEL No.
POLICY No.....
BUSINESS OR OCCUPATION:

2. WHEN & WHERE DID THE ACCIDENT OCCUR?
(a) Date:
(c) Place:
EXPLAIN FULLY HOW THE ACCIDENT OCCURRED.....
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3. GIVE NAMES AND ADDRESSES OF WITNESSES (IF ANY)

4. a) WAS THE ACCIDENT REPORTED TO THE POLICE? YES/NO.....
b) IF YES: NAME OF POLICE STATION.....
DATE REPORTED.....
NAME OF PERSON WHO REPORTED TO POLICE.....

5. WERE THE PERSONS INJURED? YES/NO.....
IF YES, PROVIDE FULL DETAILS.....
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6. WAS ANY PROPERTY DAMAGED? YES/NO.....
IF YES, PROVIDE FULL DETAILS.....
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7. HAVE YOU RECEIVED NOTICE OF A CLAIM? YES/NO
IF YES PROVIDE FULL DETAILS OF THE CORRESPONDENCE RECEIVED.....
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8. HAVE YOU ADMITTED LIABILITY? YES/NO.....

9. DO YOU THINK YOU ARE LEGALLY LIABLE? YES/NO.....

10. ARE THERE ANY OTHER INSURANCES COVERING THIS ACCIDENT? YES/NO.....
IF YES GIVE NAME OF THE INSURANCE COMPANY.....

I/We hereby declare the above to be true and correct to the best of my/our knowledge and belief.

DATE: SIGNATURE OF INSURED.....