



associated with  Sanlam group

NICO HOUSE, NICO HOUSE, P.O Box 2592, Blantyre; Tel: 01 822699; Fax: 01 822363
NICO CENTRE, P O Box 30421, Capital City, Lilongwe 3; Tel: 01 751366; Fax: 01 751365
MPICO HOUSE, P.O. Box 226, Mzuzu; Tel: 01 312876; Fax: 01 312564
Email: info@nicogeneral.com Website: www.nicogeneral.com

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: _____ Telephone 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 reported (iii) Name the person who reported to Police.	(a) Yes / No (b) (i) (ii) (iii)
4. (a) Were persons injured? If yes, provide full details on page 2	(a) Yes / No
5. (a) Was any property damaged? If yes , provide full details on page 2	(a) Yes / No
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 you are legally liable.	(a) Yes / No (b) Yes / No (c)

8. (a) Are there any other insurances covering this accident? (b) If yes, give name of Insurance Company	(a) Yes / No (b)
---	---------------------

DECLARATION

I / We hereby declare that the above information is in all respects true and correct.

SIGNATURE OF CLAIMANT: _____ DATE: _____

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