



**FDMENGINEERING**  
UNDERWRITERS (PTY)LTD  
2004/009147/07  
Authorised Financial Services Provider - FSP No: 20816

## Public Liability Claim Form

### A. Insurer

Name of insurer Renasa Insurance Company Limited

### B. Insured

Contact number		Fax	
Email		Policy number	
Claim number		Insured name	
Insured occupation		Identity number	
Address			

### C. Broker

Name of broker

### D. Description of incident

Date		Time	
Place incident occurred			
State exactly how the incident occurred *Detailed statement must be attached			

### E. Witnesses

Witness 1: Name		Contact number	
Address			
Witness 2: Name		Contact number	
Address			

### F. Police Details

Police/traffic officer name who recorded details of accident	
Police station and reference number	
Were drug and alcohol tests done? Confirm Results.	

### G. Third Party Property Damage

Name and address of owner	
Details of damage	

#### H. Third Party Personal Injuries

Name		Age	
Address			
Details of Injury			
Name		Age	
Address			
Details of Injury			

#### I. Relationship

Give full details of third party

#### J. Claim

If a claim was made against you, please provide details below and attach any correspondence, including approach and quotes

#### K. Declaration

I/ We solemnly declare that I / We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my / our possession immediately prior to the said loss / damage which occurred in the circumstances described above.

"I acknowledge that the sharing of insurance information for underwriting and claims purposes (including credit information) between insurers is in the public interest as it enables insurers to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims with a view to limiting premiums. On my own behalf and on behalf of any person I represent herein, I hereby waive my right to privacy with regard to underwriting or claims information (including credit information) that I provide or that is provided by another person on my behalf in respect of any insurance policy or claim made or lodged by me.

I acknowledge that the insurance information provided by me may be stored in the shared database and used as set above as well as for any decision pertaining to the continuance of my policy or the meeting of any claim I may submit. I consent to such information being disclosed to any other insurance company or its agent. I acknowledge that the information may be verified against legally recognized sources or databases."

Signature of insured		Capacity	
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Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

N.B. IT IS IMPORTANT THAT YOU NOTIFY THE INSURERS IMMEDIATELY WHEN YOU BECOME AWARE OF ANY IMPENDING PROSECUTION, INQUEST OR DEMAND

### DISCLOSURE

We hereby declare that the statements made by us in this Document are, to the best of our knowledge and belief, complete and true, and we hereby agree that this information forms the basis and is part of any policy issued in connection with the above risk. It is agreed that the Company is liable in accordance with the terms of the Policy only. The Company undertakes to treat this information in strict confidence

### POPI STATEMENT

The Parties acknowledge that for the purposes of performing this contract it will be necessary to process the insured's private information including making that information available to other associated parties, insurers, or reinsurers. In addition, the insured consents to the transfer of that information to the reinsurers even if those reinsurers as situated outside the Republic of South Africa for use in connection with the performance of this contract and any related reinsurance contract.