OLDMUTUAL

PUBLIC LIABILITY FORM

Please print in block letters using black or blue ink.

Old Mutual Short-Term Insurance Company (Namibia) Limited
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DETAILS OF AGENT/BROKER

Policy no.

His/Her claim no.

Claim no.

DETAILS OF INSURED

Name

Membership no.

Business or occupation

Telephone (W)

(H)

Physical address

DESCRIPTION OF ACCIDENT

State exactly how the accident occurred.

Has similar circumstances previously caused an accident? YES NO

WITNESSES

Name

Physical address

Telephone

Name

Physical address

Telephone

POLICE

If reported to police, please state:

Policy station

Reference no.

DETAILS OF PROPERTY DAMAGE

Name of owner

Physical address of owner

Description of damage

DETAILS OF PERSONAL INJURIES

Name of injured person

Age of injured person

Physical address of injured person

Details of injury

If person named above is in your service, or your tenant, or related to you, give full details.

Name

Relationship

Telephone (W)

(H)

Physical address

DETAILS OF CLAIM

Date reported to you D D M M Y Y Y Y

If claim made against you give details and attach any correspondence.

Is the accident attributable to absence of normal care by the claimant? YES NO

If "YES", please provide full details.

ADDITIONAL INFORMATION WHEN ANIMALS ARE INVOLVED

Were animals herded? YES NO

How many hearders were there and on which side of the animals were they?

Were red lights or flags used? YES NO

If "YES", how far were they from the animals? metres

From what distance were the animals visible to the vehicle? metres

Were all gates properly closed? YES NO

Prior to the accident, whatwas the last date that the closure of the gates was checked? D D M M Y Y Y Y

Were the gates and fences in good condition? YES NO

Have your animals been on the road before? YES NO

Did the animals entered the road accidently? YES NO

If "YES", please explain in detail.

Have similar circumstances previiously caused an accident? YES NO

Is the accident attributable to the absence of normal care by the claimant? YES NO

If "YES", please explain in detail.

DECLARATION

I/We declare that to the best of my/our knowledge the above statements are truly made.

Insured's signature

Capacity

Date D D M M Y Y Y Y

NOTE
It is important that you notify insurers immediately once you become aware of any impending prosecution, inquest or demand.