

CITY OF JOHANNESBURG - PUBLIC LIABILITY ACCIDENT REPORT FORM

POLICY NUMBER	B0509DR595213	
CITY OF JOHANNESBURG REFERENCE NUMBER		
DEPARTMENT NAME / COST CENTRE NUMBER		
ADDRESS		
CONTACT PERSON NAME / TELEPHONE NUMBER		
DATE / TIME OF INCIDENT		
PLACE WHERE INCIDENT TOOK PLACE		
STATE EXACTLY HOW INCIDENT TOOK PLACE		
	(continue overleaf)	
IF REPORTED TO SAPS STATE STATION AND REFERENCE NUMBER		
WITNESS NAME AND TELEPHONE NUMBER (Attach witness reports)		
NAME, ADDRESS AND AGE OF INJURED PARTY		
DETAILS OF INJURY		
DETAILS OF DAMAGES		
GIVE DETAIL AND ATTACH CORRESPONDENCE OF CLAIM MADE AGAINST YOU		
WE DECLARE THAT TO BE BEST OF OUR KNOWLEDGE, THE ABOVE STATEMENTS ARE TRULY MADE		
INSURED'S SIGNATURE		
CAPACITY		DATE