

CITY OF JOHANNESBURG - PUBLIC LIABILITY ACCIDENT REPORT FORM

POLICY NUMBER	B0509DR595213	
CITY OF JOHANNESBURG REFERENCE NUMBER		
DEPARTMENT NAME / COST CENTRE NUMBER	JOHANNESBURG WATER SOC	
ADDRESS	17 HARRISON STREET, MARSHALLTOWN, JOHANNESBURG.	
CONTACT PERSON NAME / TELEPHONE NUMBER		
DATE / TIME OF INCIDENT		
PLACE WHERE INCIDENT TOOK PLACE		
STATE EXACTLY HOW INCIDENT TOOK PLACE		
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

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CAPACITY

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