



7th Floor Office Tower, Bedford Centre, Smith Street, Bedfordview  
P O Box 752189, Gardenview, 2047, Republic of South Africa  
Company Registration Number: 2009/015923/07 | VAT Registration Number: 4020257368  
Tel. No.: 011 615 7529 | Fax: 011 615 9360 | Website: [www.engineeringace.co.za](http://www.engineeringace.co.za)

## LIABILITY CLAIM FORM

**INSURED:** \_\_\_\_\_

**CONTACT PERSONS:** \_\_\_\_\_

**POLICY NUMBER:** \_\_\_\_\_

**DATE & TIME OF INCIDENT:** \_\_\_\_\_

**WHERE DID IT HAPPEN:** \_\_\_\_\_

**IN WHOSE EMPLOY IS THE PERSON WHO CAUSED DAMAGE:** \_\_\_\_\_

**DESCRIBE THE INCIDENT IN DETAIL:**

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Acting on behalf of New National Assurance Company Limited, FSP 2603 under a claims handling mandate

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NAME OF THIRD PARTY: \_\_\_\_\_

TEL # OF THIRD PARTY: \_\_\_\_\_

E -MAIL ADDRESS: \_\_\_\_\_

POSTAL ADDRESS: \_\_\_\_\_

DOES THE INSURED ACCEPT LIABILITY: \_\_\_\_\_

IF NO- IS SOMEONE ELSE RESPONSIBLE: \_\_\_\_\_

ESTIMATED QUANTUM OF THE CLAIM: \_\_\_\_\_

IS THE CLIENT/THIRD PARTY REPRESENTED BY ATTORNEYS:  Yes  No

IF YES PLEASE PROVIDE ATTORNEY DETAILS: \_\_\_\_\_

\_\_\_\_\_

PLEASE INCLUDE PICTURES OF THE INCIDENT AS WELL AS ANY CORRESPONDENCE AND/OR FORMAL DEMAND RECEIVED.

**DECLARATION**

I hereby declare that the above statements are true and confirm that we have not misled or misinformed underwriters of any material facts.

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE/POSITION: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

