

# LIABILITY CLAIM FORM

Claims for Public, Personal and other Legal Liability, Legal Expenses and Unrecovered Damages

BROKER/AGENT			
POLICY No.			
VAT REGISTRATION NUMBER			
Policyholder	Policyholder's name		
	Address		
	Telephone number		
	Business or Occupation		
Incident Date & Place	When did incident happen?		
	Where did it happen?		
Own Attorneys	Your attorney's name, if appointed		
	Address		
	Telephone number		
Circumstances	Describe fully the event which is the basis for this claim against the policy:		
Witnesses	Witnesses' names	1.	2.
	Addresses		
	Telephone numbers		

Police	Have you reported to Police?	
	Which station?	
	When?	
	Police reference number	

**Declaration**

I/We hereby declare that the statements contained herein are true and complete to the best of my knowledge and belief.

I/We hereby authorise the Company and/or their attorneys to discuss my/our claim for indemnity direct with my/our attorneys and to take such action as is required to indemnify me/us.

Policyholder's Signature: \_\_\_\_\_ Date: 

D	D	M	M	Y	Y	Y	Y
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**N.B. Please attach all documents/correspondence relating to the claim.**

**Complete appropriate section 1, 2 or 3**

**1. TICK APPROPRIATE SQUARE:**

CLAIMS BY OTHER PARTIES AGAINST POLICYHOLDER       CLAIMS BY POLICY HOLDER AGAINST OTHER PARTIES

Other Party	Other party's name	
	Address	
	Telephone Number	
	Attorneys, if represented	
Nature of Damage or Injury	Damage to property	
	– What was the damage?	
	– Nature of damage?	
	Personal injury	
	– Who was injured; age?	
	– Nature of injuries?	
	Other than damage or injury	
	– Describe nature thereof	
	Relationship (If person named above is in your service, or tenant, or related to you, give full details.)	



For more information:

Hollard Insure: (+267) 395 8023 servicecentre@hollard.co.bw

Demand	Sum demanded	
	Date demanded	
	If summons received, when exactly?	

## 2. LEGAL REPRESENTATION FOR POLICYHOLDER

Proceedings, nature of	Inquest - Name of deceased	
	Inquiry - State subject	
	Hearing - State subject	
	Criminal - State charge	
Court	Which Court? City or town?	
	Proceedings date?	

## 3. UNRECOVERED DAMAGES

Other Party	Other party's name	
	Address	
	Telephone number	
	Attorneys, if represented	
Judgement	Date Company notified of action	
	Judgement amount	
	Judgement date	
	Which court?	
	City or town?	
Execution	Date of writ of execution	
	Result thereof	
	Date of tracer's report	