



PUBLIC LIABILITY CLAIM FORM

Rodel Administration Services (Pty) Ltd is an authorised financial services provider - FSP 5431
 A proud member of the Financial Intermediaries Association of Southern Africa (FIA)
 • VAT Nr. 4420210264 • Reg Nr. 1997/013419/07

INFORMATION TO BE SUPPLIED BY THE INSURED (PLEASE ANSWER QUESTIONS FULLY)																	
1. THE INSURED																	
NAME & SURNAME:						OCCUPATION:											
ID NUMBER:											AGE:						
POLICY NUMBER:						TELEPHONE NO.:											
ADDRESS:																	
											POSTAL CODE:						
2. DETAILS OF ACCIDENT																	
ADDRESS WHERE LOSS OCCURRED:																	
										POSTAL CODE:							
WHEN DID LOSS OCCUR:	DATE:	2	0							TIME:		h					
DESCRIBE HOW THE DAMAGE OCCURRED:																	
3. WITNESSES																	
NAME:						PHONE NO.:											
NAME:						PHONE NO.:											
NAME:						PHONE NO.:											
NAME:						PHONE NO.:											
4. POLICE																	
STATION:					POLICE REF NO.:				DATE:								
5. PROPERTY DAMAGED																	
NAME OF OWNER:					ADDRESS:												
										POSTAL CODE:							
DESCRIPTION OF DAMAGE:																	



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6. PERSONAL INJURIES			
	1. NAME OF INJURED PERSON:		
	ADDRESS OF INJURED PERSON:		
		POSTAL CODE:	
	DESCRIPTION OF INJURIES:		
	RELATION TO INJURED:		AGE OF INJURED:
	2. NAME OF INJURED PERSON:		
	ADDRESS OF INJURED PERSON:		
		POSTAL CODE:	
	DESCRIPTION OF INJURIES:		
	RELATION TO INJURED:		AGE OF INJURED:
	3. NAME OF INJURED PERSON:		
	ADDRESS OF INJURED PERSON:		
		POSTAL CODE:	
	DESCRIPTION OF INJURIES:		
	RELATION TO INJURED:		AGE OF INJURED:
7. CLAIM			
	IF CLAIM IS MADE AGAINST YOU, GIVE DETAILS & ATTACH ANY CORRESPONDENCE:		
I/WE WARRANT THAT THE TRUTH OF THE ANSWERS TO THE ABOVE QUESTIONS AND I/WE DECLARE THAT NO INFORMATION HAS BEEN WITHHELD AND THAT THE AMOUNT CLAIMED REPRESENTS MY/OUR LOSS ARISING FROM THE ABOVE STATED OCCURANCE.			

THE ISSUE OF THIS FORM IS NOT A ADMISSION OF LIABILITY.

Due to COVID-19 restrictions, not everyone has the necessary equipment available to submit a signed copy of the above claim form, therefore, please tick here to indicate that you have read and agree to the terms presented on the above claim form.

Signed at _____ On: _____

• T: 011 100 1999 • W: www.rodelsa.co.za

• A: Glen Eagle Office Park, Owl Forum, Bldg No 4, Corner of Koorsboom Ave & Braambos Street, Glen Marais, Ext 22, Kempton Park, 1619