Alliance Africa General Insurance Limited
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PUBLIC LIABILITY CLAIM FORM

(The issue of this form is not to be taken as an admission of liability)

1. Policy Information

- **Policy No.:** .....
- **Claim No.:** .....

2. Insured Details

- **Name of Insured:** .....
- **Address:** .....
- **Nature of Premises Involved:** .....

3. Accident Details

- **Date of Accident:** .....
- **Time:** .....
- **Place:** .....
- **State What Happened:**
  .....
  .....
  .....

4. Witness & Loss Estimate

- **Witness:** .....
- **Estimate of Loss:** .....

5. Reporting Information

- **Police Station Where Incident Was Reported:** .....
- **Any Other Relevant Information:**
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6. Declaration and Data Collection Consent

Data Collection Consent: I consent to the collection, verification, processing, storage and lawful use of my personal data for identification, regulatory compliance, and the provision of insurance services

I/We, the above named, do hereby to the best of my/our knowledge and belief warrant the truth of the foregoing statements in every respect. I/We agree that if any false or fraudulent statement or suppression/concealment is made, my/our claim shall be forfeited and the Policy shall be null and void.

- **Witness:** .....
- **Insured's Signature:** .....
- **Name:** .....
- **Date:** .....