NICO INSURANCE ZAMBIA LIMITED

NICO House Plot No.6106 & 6107 Great East Road, Northmead, Lusaka
P O Box 32825, LUSAKA, ZAMBIA.
Tel: (2601) 222862/226547/226456, Fax: (2601) 222863
e-mail: info@nicoinsurance.co.zm / claims@nicoinsurance.co.zm

PUBLIC LIABILITY CLAIM FORM

The issue of the form does not imply admission of liability on the part of this company.
All questions must be answered fully – Ticks and Dashes are not Acceptable.

Name of the Insured.....

Full Address.....

Business or Occupation:.....

Fax No.:.....E-mail Address:.....

Telephone No. (Private).....Telephone No. (Bus).....

Policy No.....

1. (a) When did the Accident occur? (b) Where did the Accident occur? (c) Explain fully how the Accident occurred	1. (a) (b) (c)
2. Give Names and Addresses of witnesses (if any)	2.
3. (a) Was the Accident reported to Police? (b) If yes, (i) Name the Police Station (ii) Give the Date Reported (iii) Name the person who reported to Police	3. (a) (b) (i) (ii) (iii)
4. (a) Were persons injured? If yes, provide full details on page 2	(a) Yes/No
5. (a) Was any property damaged? If yes, provide full details on page 2	(a) Yes/No
6. (a) Have you received Notice of a Claim? (b) If yes, provide full details and attach to this form any correspondence received	(a) Yes/No (b)
7. (a) Have you admitted Liability? (b) Do you think you are Legally Liable?	(a) Yes/No (b) Yes/No
8. (a) Are there any other Insurances covering this Accident? (b) If yes, give name of the Insurance Company	(a) Yes/No (b)

DECLARATION
I/We hereby declare that the above information in all respects True and Correct.

Signature of Claimant:..... Date:.....

A. DETAILS OF INJURED PERSONS

NAME	OCCUPATION	AGE	NATURE OF INURY	FULL ADDRESS

B. DETAILS OF PROPERTY DAMAGED

QUANTITY	DESCRIPTION OF PROPERTY	EXTENT OF DAMAGE	ESTIMATED COST OF DAMAGE	OWNERS NAME AND FULL ADDRESS