



HOLLARD INSURANCE BOTSWANA
(REG. NO. 2005/654)

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 and authority	<p>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.</p>	
	Policyholder's signature <input type="text"/>	Date <input type="text"/>

N.B. Please attach all documents/correspondence relating to the claim.