

PROFESSIONAL INDEMNITY REPORT FORM



Address: P O Box 53038 | Kenilworth | 7745
 Telephone: +27 (0)21 701 0840
 Facsimile: +27 (0)21 701 8078
 Website: www.lsginsurance.co.za

Authorised Financial Service Provider - Licence No. 10598

Policy No:

Insured:

Insured's Contact No:

Incident	Date and Time of Incident	<input type="text"/>
	When were you first notified?	<input type="text"/>
Incident Address	Address where incident occurred	<input type="text"/>
	Telephone Number & Contact	<input type="text"/>
	Do you own or rent the premises	<input type="text"/>
	Attach copy of any rental agreement	<input type="text"/>
Details of Incident	State in detail exactly how the incident occurred, please use separate paper if necessary.	<input type="text"/>
	Witness Name & Address, if any	<input type="text"/>
	Your Qualifications, attach proof	<input type="text"/>
Property Damage	Name & Address of owner	<input type="text"/>
	Description of Damage	<input type="text"/>
	Estimate of damages caused	<input type="text"/>
Police	Police Ref. No. and Station	<input type="text"/>
	Date reported	<input type="text"/>
Relationship	If claimant is in your service, or your tenant, or related to you, give full details	<input type="text"/>
	Was claimant in good health?	<input type="text"/>
Personal Injuries	Name, address and age of person	<input type="text"/>
	Details of injuries	<input type="text"/>
Claim	Has a claim been made against you?	<input type="text"/>
	If yes, attach any correspondence	<input type="text"/>
Declaration Completed By	I/We declare that to the best of my/our knowledge the above statements are truly made.	
	<input type="text"/>	<input type="text"/>
	SIGNATURE	NAME
		DATE