

# Claim Form

## General Liability: Fire

### Policy

Policy number

Name of insured (as per policy schedule)

### Contact person at insured

Name & Surname

Designation

E-mail address

Cell/Tel number

### Third Party

Name & Surname

E-mail address

Cell/Tel number

### Incident Date & Place

Date and Time of incident

Place where incident occurred

Physical Address

On what date did the insured become aware of the incident or possible claim

## Description of Incident

Please provide full details regarding the circumstances surrounding the incident

Did the fire originate on the insured's property

On what date did the fire begin

On what date did the fire end

Does the insured know what was the cause of the fire

Is there any available video footage or photographs of the incidents  
*If yes, please attach to Claim Form*

Yes

No

[Add attachment](#)

Was there any damage to third party property

Please advise the estimated value of damage to third party property

## Reason for reporting the incident / Claim against the insured

Is this incident reported for notification purposes only

Yes

No

Has the insured received a verbal or written demand for monetary compensation  
*If yes, attach to Claim Form*

Yes

No

[Add attachment](#)

On what date did the insured receive the written demand

Has the insured responded to the third party's demand  
*If yes, attach to Claim Form*

Yes

No

[Add attachment](#)

Has the insured been served with a Summons by the Sherriff  
*If yes, attach to Claim Form*

Yes

No

[Add attachment](#)

What date was the Summons served on the insured by the Sherriff

Has the insured appointed an Attorney or Loss Adjustor  
or other service provider to act on their behalf?

Yes

No

What is the amount claimed

## Insured's investigation

Has the insured conducted their own investigation into the incident  
*If yes, attach the report/ findings to Claim Form*

Yes

No

[Add attachment](#)

What is the insured's views/comments on Liability (Are they of the opinion that the may be liable for the loss suffered). *If yes, please provide reasons*

Yes

No

Are there other individuals/parties who may have contributed to the incident?

Are there additional details which you wish to notify Chubb of

Does the Insured have any other comments in response to the third party's allegations

I / We declare that to the best of my/our knowledge the above statement is true

We declare the foregoing particulars to be true and complete and correct in every respect

Insured Name

Capacity

Signature

## Data Protection

We use personal information which you supply to us or, where applicable, to your insurance broker in order to write and administer this Policy, including any claims arising from it.

This information will include basic contact details such as your name, address, and policy number, but may also include more detailed information about you (for example, your age, health, details of assets, claims history) where this is relevant to the risk we are insuring, services we are providing or to a claim you are reporting.

We are part of a global group, and your personal information may be shared with our group companies in other countries as required to provide coverage under your policy or to store your information. We also use a number of trusted service providers, who will also have access to your personal information subject to our instructions and control.

You have a number of rights in relation to your personal information, including rights of access and, in certain circumstances, erasure.

This section represents a condensed explanation of how we use your personal information. For more information, we strongly recommend you read our user-friendly Master Privacy Policy, available here: [www.chubb.com/za-en/privacy-policy](http://www.chubb.com/za-en/privacy-policy)

You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at [dataprotectionoffice.RSA@chubb.com](mailto:dataprotectionoffice.RSA@chubb.com)

This document respects the WCAG guidelines however the complexity of the form might make the reading order difficult. If you need assistance please contact [ecomunications@chubb.com](mailto:ecomunications@chubb.com)

# Chubb. Insured.<sup>SM</sup>

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