

Claim Form

Public Liability (Slip & Fall)

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

Description of Incident

Please provide full details regarding the circumstances surrounding the incident

What circumstance or condition caused the incident

Please provide photographs of the area of the incident

[Add attachment](#)

Were any disclaimers / warning signs erected in the vicinity

Yes No

If disclaimers / warning signs erected, what is the proximity of the disclaimers / warning signs in relation to where the incident occurred

Please forward a photograph of the disclaimer

[Add attachment](#)

Does the insured have video footage of incident

Yes No

If yes, please forward a copy to Chubb via your broker

Have incidents of a similar nature previously occurred in this area

Yes No

Has the insured had any discussions with the third party or their representatives which may be of relevance to Chubb

Cleaning service

If the area was being cleaned at the time of the incident, please advise whether cleaning services are outsourced. *If Yes, please provide the name and contact details of the company*

Yes No

Please provide a copy of the contract in place between the insured and cleaning services company

[Add attachment](#)

Please provide a copy of the site procedures and roster

[Add attachment](#)

Please provide a full statement from the cleaner describing the incident

[Add attachment](#)

Was the "Wet Floor" sign displayed at the time of the incident?

[Add attachment](#)

Maintenance

Who is responsible for maintaining the area where the incident occurred

If maintenance is outsourced please provide the name and contact details of the maintenance company

If maintenance is outsourced, please provide a copy of the maintenance agreement between the insured and maintenance company

[Add attachment](#)

Witnesses

Were there any witnesses to this incident.

Yes No

If yes, please provide their name, surname and contact details

Reason for reporting the incident / Claim against the insured

Is this incident reported for notification purposes only

Yes No

Has the insured received a written or verbal demand for monetary compensation

Yes No

If yes, attach all documents to Claim Form

[Add attachment](#)

On what date did the insured receive the written demand

Has the insured been served with a Summons by the Sherriff

Yes No

If yes, attach document to Claim Form

[Add attachment](#)

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

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

Yes No

If yes, please provide name of company and contact details

What is the amount claimed

Payment

Has the insured made any payments to the third party in respect of this incident

Yes No

Insured's investigation

Has the insured conducted their own investigation into the incident

Yes

No

[Add attachment](#)

What is the insured's view on Liability (is the insured of the opinion that they 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 any additional details which you wish to notify Chubb of

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

You can ask us for a paper copy of the Privacy Policy at any time, by contacting us at 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

Chubb. Insured.SM

Chubb Insurance South Africa Limited (Reg. No. 1973/008933/06), a licensed Non-Life Insurer and an authorised Financial Services Provider (FSP:27176).
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