

The Msunduzi Municipality

FINANCIAL SERVICES Insurance Department

Telephone / uCingo: 033 392 2227 Private Bag / Isikhwama: X 321 Pietermaritzburg/ePietermaritzburg 3201

PUBLIC LIABILITY CLAIM FORM

To be completed by a member of the public who intends to lodge a claim against Council. This form must be accompanied by claimant's own insurance details or an original sworn affidavit declaring that he/she is not covered by insurance for the inconvenience suffered. A certified copy of the claimant's ID document must be attached. Three quotes for the repair or replacement of property are required. Council reserves the right to obtain further quotations.

Date of Application: Section A: Claimant details (to be completed by the claimant) Name and Surname **Identity Number** Contact Details: Home Work Cell Phone Residential Address Postal Address Date of incident:_____ Time of incident:_____ Call Centre Ref Number_____ Nature of incident Was any complaint lodged with the municipality related to the incident before? If so to whom and when? Type of loss (i.e. damage to property, personal injuries etc.) Police Ref Number:_____ Claim Report Enclosed: Yes No Claim Estimate enclosed: Yes No Attach proof of loss i.e. invoices, doctors' bills or any other) Claim Amount: Contact detail of witnesses (If any):

Describe in detail what	happened:			
Signature of claimant	:	 		
Date	:			

Please take note that the claim will be submitted to Council's insurers together with a departmental report from the department responsible for the service which resulted in the claim. The insurers will, at their own discretion, appoint assessors or any other specialist to conduct further assessments or investigations into the claim. The insurers will make a ruling on the claim as soon as all information relating to the incident has been received and the claimant will be notified in writing of the outcome of the claim.

It should be noted that it is the responsibility of the claimant to prove that Msunduzi Municipality should be held liable for his / her losses and to quantify the claim. Provision of detailed evidence of losses suffered such as photo's, proof of ownership, proof of purchase, invoices, bills will assist to finalize the claim as soon as possible.

Section B For Official Use

Insurance Department

Claim Reference Number	:	
Date Received	:	
Name of Insurance Official	:	
Signature of Insurance Official	:	
Date forwarded to Department	:	
Name of department	:	
Name of Department Official	:	
Date of Assessment	:	
Assessment Report Date	:	

Section C Department responsible for the service which resulted in the claim
Section Manager
Date: Received
Date Investigation completed and report submitted
Technical report (Please attach separate report if necessary)
Claim Number:
Annexures:
Background:
Findings:
Conclusions:
Recommendations_
Remedial Action:
Technical report Submitted By
Signature
Managers Signature:

Section D: Legal Department (Legal Advisor)								
Legal Advisor : Date Received : Completion date:	·							
Legal Decision:								
Claim Accepted	Claim Rejected	Proposed Settlement Amount	Claims accepted must be submitted to the respective department for remedial action					
Signature								