



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): _____

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: _____

