

PUBLIC LIABILITY CLAIM FORM

To be completed by a member of the public who intend to lodge a claim against Council. This form must be accompanied by claimant's own insured details or an original sworn affidavit declaring that he/she is not covered by insurance for the inconveniences 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.

Full Names	
Address	
Contact Number	
E-Mail	
Date and time of incident	
Place where incident occurred	
Was any complaint lodged with the municipality related to the incident before? If so to whom and when?	
Police Refno (If reported)	
Contact detail of witnesses (If any)	
Type of loss (i.e. damage to property, personal injuries etc.)	
Amount claimed (Attach proof of loss i.e. invoices, doctors' bills or any other)	

Describe in detail what happened

Signature	
Date	

PleasetakenotethattheclaimwillbesubmittedtoCouncil’sinsurerstogetherwithadepartmentalreportfromthedepartm entresponsiblefortheservicewhichresultedintheclaim.Theinsurerswill,attheirowndiscretion,appointassessorsoran yotherspecialisttoconductfurtherassessments orinvestigationsintotheclaim.Theinsurerswillmakearulingontheclaimassoonasallinformationrelatingtotheincident hasbeenreceivedandtheclaimantwillbenotifiedinwritingoftheoutcomeoftheclaim.

ItshouldbenotedthatitistheresponsibilityoftheclaimanttoprovethatEkurhuleniMetropolitanMunicipalityshouldbehel dliableforhis/herlossesandtoquantifytheclaim.Provisionofdetailedevidenceoflossessufferedsuchasphoto’s,proofo fownership,proofofpurchase,invoices,billswillassisttofinalizetheclaimassoonaspossible.

