



6 <sup>th</sup> Floor, Florence Mkhize Bldg.
251 Anton Lembede Street
Durban, 4001
Phone: 031 3111551/2
Fax: 031 3111376
Email: Claims@durban.gov.za

## ETHEKWINI MUNICIPALITY

### SELF INSURANCE RESERVE

### PUBLIC LIABILITY CLAIM FORM

#### DETAILS OF CLAIMANT:

Full Name				ID No.
Address				
Telephone Number	Home:	Work:	Cell:	
E-mail Address				
Electricity Acc. No. (if appl.)				

#### MOTOR VEHICLE ACCIDENT (IF APPLICABLE):

Claimant's Vehicle Reg.			
Driver of Vehicle			
Municipal Vehicle Reg. No.			
Municipal Driver			
Department			
Name of Police Station	Reference Number		

#### DETAILS OF ACCIDENT / INCIDENT:

Date and time of accident / incident			
Exact location (include a landmark)			
Names & addresses of witnesses			
Tel. numbers of witnesses	Home:	Work:	
Details of Accident/Incident			
What items are you claiming for? Include a claim breakdown			
State how the Municipality is liable			

**SIGNATURE OF CLAIMANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**THIS FORM IS ACCEPTED WITHOUT PREJUDICE OR ADMISSION OF LIABILITY  
LELIFOMU LAMUKELWA NGALE KOKULAHLEKELWA AMALUNGELO NOMA UKUVUMA ICALA**

**NB: THE FOLLOWING DOCUMENTS MUST BE INCLUDED:**

- (1) COPY OF ID (2) THREE QUOTATIONS (3) PHOTOGRAPHS OF THE DAMAGE (4) PHOTOGRAPHS OF DEFECT CAUSING THE DAMAGE (5) SWORN AFFIDAVIT THAT THE CLAIMANT OWNS THE PROPERTY & WON'T BE CLAIMING FROM PERSONAL INSURANCE