



H Savy Insurance Co Ltd

P.O Box 887, Maison La Rosiere,
Palm St. Victoria, Mahe, Seychelles
Tel: +248 4280 400 | Fax: +248 4321 666
Email: insuranc@seychelles.net / insurance@hsi.sc
Website: www.hsi.sc

Public Liability

Claim form

By lodging your claim with H Savy Insurance Limited, you hereby declare that the statements, facts and information herein contained are true and correct to your knowledge and or belief. That the statements, facts and information herein provided by you are complete and accurate. Failure to faithfully make full disclosure of the facts and information you know or ought to know may render you claim null and policy void.

Note: (1) The issue of this form does not imply admission of liability on the part of the Company.
(2) The INSURED is requested to answer all questions fully and return without delay.
Dashes are insufficient.

Please use BLOCK CAPITALS and tick where appropriate

Insured

Title (Mr, Mrs, Miss, etc):	Surname:	Maiden Name:
Name:		
Address:	Email Address:	
Trade or Business:	Telephone No:	
Policy No:		
Period of Insurance:	From	To

Details of accident

Date:	Time:	(a.m. or p.m.)
Place:		
Brief details of how the accident happened:		
Did Police take particulars? If so, from which Police Station: (Please provide relevant statements, reports, etc from Victim, eye witness, police, etc)		

Particulars of Third Parties

Names of all victims	Addresses of all victims	Nature of Injuries

Name and address of hospital/clinic attended:

Details of Damage to Property:

Is there any other insurance cover in force on the damaged property?

Has any claim been made upon you? If so, by whom and what amount?

Note: Any correspondence received must be forwarded immediately to the Company.

Have you in any way admitted Liability?

In your opinion who was negligent?

Names of witnesses	Addresses of witnesses

Declaration

I/We declare the foregoing particulars to be true to the best of my/our knowledge and belief, and I/We further declare that I/We do not hold any other policy indemnifying me/us in respect of this accident.

Date:

Signature of Insured: