

PUBLIC LIABILITY ACCIDENT REPORT FORM



Policy Number																				
Claim Number																				

INSURED	Name																				
	Business or occupation																				
	Address													(Day) Tel. no.							

DESCRIPTION OF ACCIDENT	Date	DD	MM	YY	YY	Time	HH	MM											
	Place where accident occurred																		
	State exactly how the accident occurred																		

WITNESS	Witness 1										Witness 2									
	Name										Name									
	Address										Address									
	Telephone No.										Telephone No.									

POLICE	Police Ref. no.									Station Reported									Date reported	DD	MM	YY	YY

PROPERTY DAMAGE	Name of owner													Address								
	Description of damage																					

PERSONAL INJURIES	Injured person 1 (Name)													Address								
	Details of injury																					
	Injured person 2 (Name)													Address								
	Details of injury																					

RELATIONSHIP	If persons named above is/are in your service, or your tenant, or related to you, give full details
---------------------	---

CLAIM	If claim was made against you, give details and attach any correspondence
--------------	---

DECLARATION

I/We solemnly declare that the above particulars are true and complete in every respect. By signing below, I agree and voluntarily consent to Sesiro's processing of the provided Information for the purposes of processing my claim, and I give Sesiro permission to do so, and any personal data (including sensitive personal data) will be processed in accordance with Sesiro's privacy policy available on its website, and I further understand that I am free to withdraw my consent on written notice to Sesiro, on legitimate grounds which are reasonable and compelling. I agree that the Information may be disclosed by Sesiro to third parties, including Sesiro's affiliates, service providers and associates (some of which may be located outside of Botswana).

Insured's Signature: _____ Capacity: _____ Date: DD / MM / YYYY



Plot 50676, Fairgrounds Office Park,
Block D, 3rd Floor, Unit 9



Tel: +267 364 8383



servicedesk@sesiro.co.bw