



The Liability Company.

LIABILITY MATTERS

An Authorised Financial Service Provider – FSP 50828

PROFESSIONAL INDEMNITY INCIDENT REPORT FORM

***DO NOT ADMIT LIABILITY, NOR MAKE OR OFFER ANY PAYMENT**

***ADDITIONAL INFO MAY BE REQUESTED**

BROKER: _____

POLICY NUMBER: _____

INSURED DETAILS

INSURED NAME:

PHYSICAL ADDRESS:

TELEPHONE NUMBER: _____

The Liability Company (Pty) Ltd

35 Oxford Office Park, 3 Bauhinia Street

Highveld Techno Park, Centurion

PO Box 17541, Lyttleton, Pretoria, Gauteng, 0140

The Liability Company is an authorised financial services provider (FSP 50828)

Our Risk Carriers

All our policies are underwritten by Old Mutual Insure Limited

(FSP12) and Old Mutual Alternative Risk Transfer Insure Limited

(FSP 49551) on a co-insurance basis. Both are authorised financial

services providers and non-life insurers.

Contact Us

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W www.theliabilitycompany.com

Underwritten by



OLD MUTUAL
INSURE



OMART INSURE

OLD MUTUAL ALTERNATIVE RISK TRANSFER INSURE LIMITED



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DESCRIPTION OF INCIDENT:

(a) Date you became aware of possible claim against yourself

(b) Reasons you believe you may be liable

(c) Detailed description of how loss occurred

WITNESSES (if applicable):

(a) Name, Physical Address and Telephone Number _____

(b) Name, Physical Address and Telephone Number _____

Underwritten by



OLDMUTUAL
INSURE

MUTUAL & FEDERAL

risk
financing

A member of the  **OLDMUTUAL** Group



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POLICE DETAILS (if applicable):

(a) Police Station

(b) Police Reference Number _____ Date Reported _____



Declaration

I/We solemnly declare the above information is within my personal knowledge and to be true and correct.

Insured's Name & Surname: _____

Signature: _____

Capacity: _____

Date: _____



Underwritten by



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INSURE



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