
	PUBLIC LIABILITY CLAIM FORM	Document No.	PGIT-LG-F01	
	FORM	Revision	1	
		Effective date	July 2020	
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Department: Performance, Governance & Information Technology (Legal)				

CLAIM FORM
(Without prejudice/ admission of liability)

Contact person : Carol Ngubane/ Nomvula Bhengu
Telephone no : 011 491-5734 /011 298 5168
Email address : claims@jra.org.za
Address : 75 Helen Joseph Street, Cnr. Harrison Street, Johannesburg

In addition to a completed Claim Form, kindly attach the following documents in respect of your claim:



For Vehicle damage claim:		For Property damage claim:		For Personal injury claim:	
1. Claimant's Certified ID copy.		1. Claimant's Certified ID copy.		1. Claimant's Certified ID copy.	
2. Affidavit commissioned at a police station, describing the incident and confirming the items damaged.		2. Affidavit commissioned at a police station, describing the incident and confirming the items damaged.		2. Affidavit commissioned at a police station describing the incident and confirming the injuries.	
3. Affidavit commissioned at a police station confirming non-insurance (if applicable).		3. Affidavit commissioned at a police station confirming that the property is not-insured (if applicable).		3. Treating practitioner's report (treatment notes).	
4. 3 recent repair/ replacement quotations of the damages.		4. 3 recent repair/ replacement quotations of the damaged property.		4. Treatment invoices.	
5. Invoice should the claimant have replaced tyres or fixed the vehicle damage.		5. Invoice should the claimant have fixed the property or damaged item.			
6. Damage report from the supplier/ repairer confirming the items which are damaged.		6. Damage report from an independent technician.			
7. Photos of the damages (colour photos are preferable).		7. Photos of the damage including the location (colour photos are preferable).			
8. Photos of the pothole and location on the road (colour photos are preferable) (if applicable).		8. Recent copy of your municipal account.			
9. Copy of driver's license of the claimant.		9. Copy of the purchase invoices (of the damaged items) to confirm the age of the items. Please retain the damaged items should inspection be required.			
10. Copy of the motor vehicle license certificate					
11. Copy of vehicle registration certificate					
12. Copy of the purchase invoice of the original damaged tyre/s to verify the age of the damaged tyres. Please retain the damaged tyres should inspection be required. (if applicable).					
13. Towing invoice to validate if claiming two tyres or more.					
* A no claim letter from your insurance company confirming that you have not submitted a vehicle damage or a property damage claim will be requested once your claim has been finalised. Payment will not be made until receipt of the no claim letter.					

Note: Claims will not be processed if the Claim Form is not fully completed and/ or all required documents submitted.

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Claimant's details	Full name and surname			
	Identity number			
	E-mail address			
	Contact number			
	Residential address			
	Business/ occupation			
Vehicle/ Property Ownership	Is the Claimant the owner of the Vehicle/ property damaged? (Please tick one)		Yes	No
	If no, provide the owner's details	Full name and surname		
		Identity number		
		E-mail address		
		Contact number		
		Residential address		
Incident details	Date of the incident			
	Time of the incident			
	Cause of damage			
	Place of Incident/ Location	Street/s name		
		Town/Suburb		
		City		
		Nearest Landmark if any (e.g. hospital; taxi rank; school etc.)		
		Any other description of the place of incident		
	Single or double lane			
	Weather conditions on the date of the incident (e.g. Sunny/rainy etc.)			
Speed you were travelling				
How frequently do you travel on this road and why				

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	How long did you continue driving after the incident		
	Sketch of the incident		
Witness	Full Name		
	Address		
	Telephone/ Cellphone no.		
Police	Was the incident reported to the police (Please tick one)		Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes	Date on which the incident was reported to the police	
		Police Station at which the incident was reported	
		Case number	
Vehicle/ property	Property details/ vehicle registration number, make & model		
	Claimed amount and list of items being claimed for		
Personal injuries	Name, address and age of injured persons		
	Details of injuries		

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		Claimed amount		
Is the property/vehicle insured?	Is your property/ vehicle insured (Please tick one)	Yes	No	If no, ensure that an Affidavit commissioned at a police station confirming non-insurance is attached
	If yes,	Details of the insurance company		
		Yes	No	If no, a no claim letter from your insurance company confirming that you have not submitted a claim will be requested once your claim has been finalised. Payment will not be made until receipt of the no claim letter.
		Have you submitted a claim regarding this incident to your insurance company?		
Declaration	I/we..... Identity no..... warrant and declare that to the best of my/our knowledge the above statements are true and correct.			
	_____ Claimant's signature		_____ Date	

Please note that receipt of your claim is done on a **without prejudice basis** and should not be construed as an acceptance of the validity of your claim, an admission of liability or commitment to the settlement of the claim. This claim form will be forwarded for investigation and once the investigation is completed your claim will be referred together with the investigation report to the City of Johannesburg's insurance brokers for further assessment and/ or investigation. You will be notified by the City of Johannesburg's insurance brokers on the outcome of your claim or their further advices.

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