

PUBLIC LIABILITY CLAIM FORM

Policy No Claim No

(Please answer questions fully)

INSTRUCTIONS

INSURED	Full Name Address Business or Occupation
PARTICULARS OF ACCIDENT	Date of Accident Time am/pm Exact place where accident happened Description of any Plant or Machinery causing Accident NB – The piece of any broken plant or machinery must be preserved. Explain fully how Accident happened
LIABILITY COMMENTS
THIRD PARTY DETAILS	Name of Person injured or Owner of property damaged Address Business or Occupation Please give full Details of (i) personal Injuries (ii) Damage to Property of Third Parties Has any claim been made upon you verbally or in writing? If so, give particulars Have you made any offer to settle the claim in any way?
WITNESSES	Did the police take particulars? If so, give Name and No. of Constable Please give Names and Address of any witnesses. (If none were obtained, please state whether any were available and reason for not obtaining particulars)

<p>PROPERTY OWNERS (to be completed only if claim is under a Property Owners' Policy)</p>	<p>Name and Address of your Tenant</p> <p>.....</p> <p>.....</p> <p>Nature of Tenancy Period: Monthly/ Quarterly/ Annually</p> <p>If so, what steps had been taken to remedy them?</p> <p>.....</p> <p>.....</p>
<p>OTHER INSURANCES</p>	<p>Have you any other insurances in force in respect of this occurrence? If so, give full particulars</p> <p>.....</p>
<p>SKETCH PLAN (to be completed whenever applicable)</p>	

I/We hereby declare that the above statements are true to the best of my/our knowledge and belief and I/We claim in respect thereof the protection secured by my/our Policy.

Date

Signature