

## CLAIM FORM FOR PUBLIC LIABILITY

POLICY NO.  AGENT / BROKER

### SECTION 1 - INSURED DETAILS

- Full Name of Insured
- Contact Details: (tel):  (fax):   
 (mobile):  (web):   
 (email):   
 (postal):  (code):  (town/ city):

### SECTION 2 - CIRCUMSTANCES GIVING RISE TO CLAIM

- Date of Accident  Time
- Where loss /damage occurred
- Explain fully how accident occurred

- When was the accident reported to you?  By whom ?
- Did the accident arise from the activities of persons in your direct employ?  
 If "Yes", give names and addresses of employees  Yes  No

(b) Name and addresses of any other witnesses :

- Was the accident reported to the Police?  
 Details of officer or station :  Yes  No

9. Persons (other than your own employees) who sustained injury or damage to property

Names	Addresse	Details of injury and damage

- Is there any other insurance indemnifying you in respect of this accident?  
 If so give name and address of Insurers  Yes  No

- Has any claim been made against you ?  
 If so, give details  Yes  No

THE FOLLOWING QUESTIONS SHOULD BE ANSWERED IF THE ACCIDENT AROSE OUT OF A DEFECT IN PREMISES

1. If you are the owner give name and address of tenant :

[Redacted area for tenant name and address]

2. If you are the occupier give name and address of owner :

[Redacted area for owner name and address]

3. What is the net annual rental?

[Redacted area for net annual rental]

4. For what purposes are the premises used ?

[Redacted area for premises use purposes]

5. Are you responsible for repairs ?

Yes  No

6. When was the property last inspected ?

[Redacted area for last inspection date]

By whom ?

[Redacted area for inspection by whom]

NOTE

Correspondence and claims. All communications and claims received by you concerning Accident are to be forwarded immediately without acknowledgment.

DECLARATION

I / We declare that these particulars are true and complete. I / We understand that the information given on this form may be submitted to solicitors for us in connection with any litigation arising out of this accident..

Date : \_\_\_\_\_

Signature : \_\_\_\_\_

(Rubber Stamp if Corporate)