

CLAIM FORM FOR PUBLIC LIABILITY

POLICY NO. AGENT / BROKER

SECTION 1 - INSURED DETAILS

1. Full Name of Insured
2. Contact Details: (tel): (web):
 ID NO: PIN NO:
 (email):
 (postal): (code): (town/ city):
3. Trade or Occupation (If more than one state ALL)

SECTION 2 - CIRCUMSTANCES GIVING RISE TO CLAIM

4. Date of Accident Time
5. Where loss /damage occurred
6. Explain fully how accident occurred

7. When was the accident reported to you? By whom ?

8. Did the accident arise from the activities of persons in your direct employ? Yes No
 If "Yes", give names and addresses of employees

(b) Name and addresses of any other witnesses :

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

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

Names	Adresse	Details of injury and damage

11. Is there any other insurance indemnifying you in respect of this accident? Yes No
 If so give

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

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)