

CLAIM No.....

PUBLIC LIABILITY CLAIM FORM

1. (a) Name of Insured.....

(b) Address.....

(c) Business/Occupation.....

(d) Where can you be interviewed?.....

2. Date of accident

3. Place of accident

4. Witnesses

5. Cause of accident

6. Type of Damage or Injury.....

7. Details of Injured Persons

8. Is any of the Injured Persons in your service?

9. Has any claim (Verbal or in writing) been made against you? If so give details and attach such notice with form

10. Have any steps been taken to compromise or settle the matter in any way? If so, what and by whom?

11. Is the accident due to the negligence of Third Party? Give his/her name and address.

Telephone No.

From To

Date Time

Name

Occupation

Address

Name

Age

Address

IT IS NECESSARY FOR YOU TO GIVE A DETAILED DESCRIPTION OF THE ACCIDENT IN THE SPACE PROVIDED OVERLEAF: PLEASE ATTACH A PHOTOGRAPH OF THE SCENE OF THE ACCIDENT IMMEDIATELY AFTER THE ACCIDENT IN ONE IS AVAILABLE

FULL DESCRIPTION: Use Extra sheet if necessary

I/We hereby declare that the above particulars are true in every respect

Signed this..... dat of 20.....

Claimant's Signature

Witness..... Date.....