



The issue of this form is not an admission of liability

**PUBLIC LIABILITY CLAIM FORM**

Policy Number.....Agent or Broker to whom you paid your last premium.....

Name of Insured.....

Address.....

.....Telephone No.....

Trade or Occupation (if more than one state all).....

Date of accident.....Time.....a.m./p.m.

Place.....

Explain fully how accident occurred.....

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

Did the accident arise from the activities of persons in your direct employ?.....

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If so give names and addresses of employees?.....

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Name and addresses of any other witnesses.....

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Was the accident reported to the Police?.....Details of officer or station.....

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

*Names and addresses*

*Details of injury and damage*

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Is there any other insurance indemnifying you in respect of this accident?.....

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If so give name and address of Insurers.....

Has any claim been made against you?

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If so, give details.....

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*Please turn over*

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

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

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

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What is the net annual rental?.....

For what purposes are the premises used?.....

Are you responsible for repairs?.....

When was the property last inspected .....by whom?.....

**NOTE**

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

**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 use in connection with any litigation arising out of this accident.**

Date..... Signature of Insured.....

(If a Limited Company give status of signatory)