



INSURANCE COMPANY.....

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?.....

.....

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

.....
.....
.....

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

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.....
.....

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

.....

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

Names and addresses	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.....

Has any claim been made against you?

.....

If so, give details.....

.....
Please turn over

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

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 inspectedby whom?.....

NOTE

Correspondenceandclaims. 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)