



PUBLIC LIABILITY CLAIM FORM

NOTE: (1) The Issuance of this Form does not imply admission of Liability
(2) The Insured is required to answer all questions fully and return without delay.

POLICY NO.....CLAIM NO.....

BRANCH OR AGENT.....

NAME OF INSURED.....

ADDRESS.....

.....

.....**TEL. NO.....**

TRADE OR OCCUPATION (If more than one state all).....

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

Place.....

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 so

give names and addresses of employees.....

.....

.....

Names and addresses of any other witness.....

.....

.....

(Please turn to reverse side)

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. Please
give names and addresses.....

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.....

Is there any other insurance indemnifying you in respect of this incident?..... If
so give details.....

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<p>THE FOLLOWING QUESTIONS SHOULD BE ANSWERED IF THE ACCIDENT AROSE OUT OF A DEFECT IN PREMISES</p>
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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?.....
.....

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.....