

PUBLIC LIABILITY CLAIM FORM

The Company does not admit liability by the issue of this Form

Name: Policy No:

Address:

Business: Telephone No:

1. Date of accident: Hour: M

2. The Address of the premises where the accident occurred is:

3. (a) What was the particular job at which the accident occurred?

(b) Are you the head contractor? If not who is?

(c) Was anyone other than yourself or your employees involved?

If so give their names and addresses and by whom employed:

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4. Name of injured person(s):

Apparent Age: Occupation:

Address:

or

Name and address of owner of property damaged:

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5. Nature and extent of injury or damage:

6. Did the injured person make any statement after the accident as to its cause or admitting his/her own carelessness. If so what did he say and who witnessed it? Give names and address:

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7. Give names and addresses of all witnesses and of all who claim to have witnessed the accident or would probably know anything about it. Name of witnesses employer, where known

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8. Was any evidence or particulars of accident or damage taken by the Police? If so, give the name, number, and station of the officer:

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9. Has any injury or damage ever occurred in a similar circumstance at the same place? If so give details:

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10. Was accident due to want of ordinary care on the part of the person injured?

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If so, in what way?

11. Has any claim been made on you? If so by whom?

12. State exactly how the accident occurred and, if possible, give a rough sketch;

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Declaration

I/We hereby declare the foregoing particulars to be true in every respect and that I/We hold no other policy in addition to this policy indemnifying me/us in respect of this claim.

I/We request you to deal on my/our behalf with the third party claims arising herein, in accordance with the terms and conditions of the above-mentioned policy and I/We authorise you and your solicitors on my/our behalf to make such admissions and settlements and give such consents as you may consider necessary for the disposal of such claim and any litigation arising therefrom.

Date: Insured's Signature;

NB: All communications received from or on behalf of any claimant must be forwarded immediately unanswered.

In no circumstances must liability be admitted by the insured.