



**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 INSUREDõ ..

ADDRESSõ .

õ õ

õ TEL. NOõ õ õ õ õ õ õ õ õ õ õ õ õ

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

Date of Accidentõ õ õ õ õ õ õ õ õ õ õ õ ..Timeõ õ õ õ õ õ õ õ õ .a.m/p.m

Placeõ õ

Explain fully how accident occurredõ õ

õ ..

õ ..

õ ..

õ ..

When was the accident reported to you?õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ

By whom?õ õ

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

If so give names and addresses of employeesõ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ ..

õ ..

õ ..

Names and addresses of any other witnessõ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ

õ ..

õ ..

(Please turn to reverse side)

Was the accident reported to the Police?õ õ õ õ õ ..Details of Officer or Stationõ õ õ õ ..

õ .

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

Please give names and addressesõ .

õ õ

õ õ

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

If so give detailsõ õ

õ õ

**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 tenantõ õ õ õ õ õ õ õ õ õ õ õ õ õ õ õ

õ õ

If you are the occupier give name and address of ownerõ õ õ õ õ õ õ õ õ õ õ õ õ õ õ .

õ õ

What is the net annual rental?õ õ

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

Are you responsible for repairs?õ .

When was the property last inspected?õ õ õ õ õ õ õ õ õ õ õ By whom?õ õ õ õ õ õ

õ .

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.....**