

**Public Liability Claim Form**

- N.B.-
1. The Insured is requested to state as fully and accurately as possible the information asked for hereunder and to return this form immediately to the Company.
  2. The acceptance of this Form is not in itself an admission of liability on the part of the Company.
  3. The Insured should not disclose the fact of insurance to claimants, but simply state that enquiry will be made.
  4. The Insured is advised not to admit liability but to refer all third party correspondence to the Company.

Name of Insured \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Policy No. \_\_\_\_\_ Tel no: \_\_\_\_\_

Date and time of accident \_\_\_\_\_

When and by whom was it first notified to you? \_\_\_\_\_

Exact place where the accident happened \_\_\_\_\_

Details of accident stating fully how it occurred \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and address of any persons injured or the owner of the property damaged \_\_\_\_\_

\_\_\_\_\_

Full details of Third Party injuries \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full details of damage to Third Party property \_\_\_\_\_

\_\_\_\_\_

Have you received notice of any Third Party claim? If verbal, give particulars; if in writing, enclose documents \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did a Police take particulars? \_\_\_\_\_ If so, give name of officer and police station \_\_\_\_\_

Name and Addresses of Witnesses of Accident. (If none taken, give reasons why.)

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(It is of the utmost importance to obtain the Names and Addresses of Witnesses )

Reply only  
necessary if  
Claim is  
under a  
Property  
Owner's  
Policy

- (a) Name and Address of your Tenant \_\_\_\_\_
- (b) Nature of tenancy and date of commencement \_\_\_\_\_
- (c) Rental \_\_\_\_\_
- (d) Had any notice of defect been given to you or your agent prior to the accident? \_\_\_\_\_
- (e) If so, on what date and what steps were taken to remedy such defect? \_\_\_\_\_

I/WE DECLARE the foregoing particulars to be true and correct and undertake to render every assistance in my/ our power in dealing with the matter.

Signature: \_\_\_\_\_ Company Stamp: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_