

PUBLIC LIABILITY CLAIM FORM

1. Complete the form in detail and return it to the Company without delay.
2. A person making a claim against you *must not* be advised that you are insured.
3. All claims made against you must be advised to the Company immediately on receipt and all communications forwarded unanswered to the Company.
4. The Company will subject to the terms and conditions of the Policy undertake your defence in any legal action and all notices or advice of such action must be forwarded to the Company forthwith.
5. The issue of this form must not be considered as an admission of liability on the Part of the Company but is issued in accordance with the terms and conditions of the Policy.

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|-------------------------|---|--------------------------|--|---------------|
| BROKER/AGENT | | | POLICY NUMBER | |
| INSURED | Name | | | |
| | Business & Occupation | | | |
| | Address | | | |
| | Telephone Numbers | (W) (Cell) | (H) | Email address |
| PARTICULARS OF ACCIDENT | Date of Accident | | Time | Place |
| | Exact place where accident occurred | | | |
| | Explain exactly how the accident happened | | | |
| THIRD PARTY | Name of person injured Or Owner of property damaged | | | |
| | Address | | | |
| | Age of person Injured | | | |
| | Details of Injury | | | |
| | Business or Occupation | | | |
| | Please give full details of : | <u>Personal Injuries</u> | <u>Damage of Properties of Third Parties</u> | |
| | Have you made any offer to settle the claim in any way? | | | |

| | | | | |
|--|--|-----------|--------------------------------|--|
| OTHER INSURANCES | Have you any other insurance in force in respect of the occurrence? If so, give particulars | | | |
| PROPERTY OWNERS (To be completed only if claim under Property Owners Policy) | Name and address of your Tenant | | | |
| DRIVING ACCIDENTS (Complete only if claim under a Driving Accidents Policy) | Name and Address of Driver Age | | | |
| | How long has he been in your employment? | | | |
| | Was the driver injured? | | If so, give details | |
| | Description of vehicle | | Was vehicle damaged? | |
| | If so, give particulars/cost of repair | | Where can vehicle be examined? | |
| WITNESS | Name :- | Address:- | Telephone Number:- | |
| POLICE DETAILS (IF APPLICABLE) | | | | |
| DECLARATION | <p>I/We declare that to the best of my/our knowledge the above statements are truly made.</p> <p>Insured's Signature..... Capacity..... Date.....</p> <p>Print Name</p> <p style="text-align: center;">"FRAUDULENT CLAIMS WILL BE PROSECUTED"</p> | | | |