



PUBLIC LIABILITY CLAIM FORM

(The Company does not admit liability by the issue of this form)

PLEASE GIVE A DEFINITE ANSWER TO EACH QUESTION • TICKS AND DASHES ARE NOT SUFFICIENT

THE INSURED

CLAIM NO.

1. (a) Name of Insured in full (If a Company, state full legal name)
BLOCK LETTERS PLEASE (Mr. / Mrs. / Miss)

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(b) Local Postal Address: Overseas Address:

(c) Phone No. (Work): (Home): (Mobile):

(Email):

(d) Occupation / Trade / Type of Business:

(e) Policy Number:

(f) Address of all premises to which insurance applies:

THE ACCIDENT

2. (a) State the date & time of the accident:

(b) Where did the accident occur?

(c) Detail the cause of accident & the circumstances:

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THE THIRD PARTY

3. State Name(s) & Contact information of person(s) injured or whose property was damaged

3. (1)

(2)

(3) Give details of injuries or property damage sustained:

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THE WITNESSES

4. State Name(s) & Contact information

4. (1) _____

(2) _____
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THE PREMISES

5. (a) Are you the sole occupant of the premises? Yes No

(b) Are the premises in a good state of repair? Yes No

(c) Are you the owner or a tenant? If tenant: -

I. state the extent to which you are responsible for
repairs to the premises: _____

II. do you occupy premises under lease agreement? _____
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OTHER INFORMATION

6. If applicable, please attach for following:

Two (2) property damage estimates

Medical examiners report

Any additional claim information from the Third Party

Witness statements

DECLARATION

I/We hereby warrant the truth and accuracy of the above statements.

Date: _____

Signature of Insured: _____

Please Print Name & Position Held if Company: _____
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OFFICE USE ONLY

Deductible to be applied: _____

Outstanding Premium: _____

Claim Officer: _____

Other Information: _____

Date Completed: _____
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