

Report of Public Liability Claim

This form should be completed as fully as possible and returned immediately to your Broker. Please do not leave any blank spaces, although N/A may be inserted where appropriate.

spaces, althou	igh N/A may be inserted where appropriate.
POLICYHOLDERS DETAILS	
Insured Name	
Insured Address	
	Postcode ———
Occupation	
Date of accident	Time of agaident am/nm
Details of premises where accident occurred	Time of accidentam/pm
Address	
	Tel. No
Give FULL description of accident	
Give 1 ode description of decident	
	_
What in your opinion, was the cause of the accident?	
what in your opinion, was the eause of the accident:	
Who, if anyone, do you consider to blame? Please state why	
who, if anyone, do you consider to blame. I lease state why	
Please state particulars of damage or injury to Third Party, pro	onerty or persons (in the case of property
damage please state approximate cost of repair/replacement, i	
dumage prease state approximate cost of repair/replacement, i	i kilowii)
Details of damaged property	
Name of owner	
Address	
Address	
	103tcode

Details of Person	s Iniured		
Name	Address	Occupation	Age
If accident is fatal	, telephone the Company immedia	ately, saying when and where the inquest	is to be held.
Has notice of any	claim by a Third Party been given	n either verbally or in writing?	☐ No
Please give names	and addresses of all witnesses of	accident	
Name	Address		
	_		
	_		
	-		
FOR ADDITIONA	AL INFORMATION		
The above particu	llars are true to the best of my bel	ief in every respect	
Signature	mais are true to the best of my ber	Date	

Policyholders are requested NOT to inform claimants that they are insured, but simply to say that an inquiry