



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.

POLICYHOLDERS DETAILS

Insured Name _____
Insured Address _____

_____ Postcode _____
Occupation _____

Date of accident _____ Time of accident _____ am/pm
Details of premises where accident occurred
Address _____
_____ Tel. No. _____
Give FULL description of accident _____

What in your opinion, was the cause of the accident? _____

Who, if anyone, do you consider to blame? Please state why

Please state particulars of damage or injury to Third Party, property or persons (in the case of property damage please state approximate cost of repair/replacement, if known)

Details of damaged property
Name of owner _____
Address _____
_____ Postcode _____

