

PUBLIC LIABILITY (THIRD PARTY) INDEMNITY CLAIM FORM

- 1)(a) Insured's full names
- (b) Address
- (c) Postal Code
- (d) Town/City
- (e) Policy No.
- (f) Occupation

2) DATE OF ACCIDENT

- (a) Date: Time:
- (b) Place:
- (c) By whom was the accident reported to you, and when
- (d) Was the accident in your opinion due to the carelessness or negligence of any of your employees?
- (e) Have any of your employees been injured or your property been damaged? If so, give details
- (f) Give full details of the accident, and say how it occurred.

3.) DAMAGE TO OTHER PERSONS OR PROPERTY

- (a) Name of other party (or parties)
- (b) Address..... Postal CodeTown
- (c) Occupation
- (d) Nature of personal injuries sustained (if any).....
- (e) Extent of damage caused to property?
- (f) Has any claim been made upon you?
If so, what was the amount
- (g) Do you consider the other party to blame?
If so, why?
- (h) Have you in any way admitted liability?.....

4. WITNESSES

- (a) Names of independent witness
- (b) Addresses
- (c) Were particulars given to the police?
- (d) Give number and division of police officer and state whether he witnessed the accident

DECLARATION BY INSURED

I /We declare the above particulars to be true to the best of my/our knowledge and belief, and I/We undertake to render the company every assistance in my/our power in dealing with the matter.

Date Signature

NOTE:

- 1.The issue of this form is not to be regarded as an admission of liability.
- 2.Any communications received regarding the accident should be sent to the company immediately.