

PUBLIC LIABILITY (THIRD PARTY) INDEMNITY CLAIM FORM

1) Personal Details

- (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 Code _____ Town _____
- (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.