

PUBLIC LIABILITY CLAIM FORM

The insured is required to state as fully and accurately as possible the information asked for hereunder and to return this form immediately to the Company. The acceptance of this Form is not in itself an admission of liability on the part of the Company.

Name of Insured _____
Address _____
Policy No. _____ Phone No. _____
Business/Occupation _____ Agency _____
Email _____

Please provide your bank details for us to accelerate your claims payment process by direct transfer to your bank account.

Name (as per bank account) _____
Bank Name _____
Account No. _____

Notification of payment will be sent to your email address stated in your details. The company shall :

- (i) **be discharged from all liability under this claim and**
- (ii) **not be liable for any and all losses incurred by you, as a result of you providing the company with inaccurate bankaccount number under this section for the payment of this claim.**

PARTICULARS OF ACCIDENT

- (a) Date of occurrence _____ Time _____
- (b) Where did it occur? _____
- (c) When was it reported to you? _____
- (d) Explain exactly how it happened

If accident arose from negligence of one of your employees:-

- (a) State his Name _____
Address _____
Occupation _____
- (b) What act of negligence is alleged against him? _____
- (c) Did you consider he was negligent? _____
- (d) If so, in what respect? _____
- (e) Did the witness blame your man? _____
- (f) Does the man himself admit he was at fault? _____
- (g) Was the accident contributed or caused by negligence on the part of the injured person? _____
- (h) If so, in what way was he negligent? _____
- (i) Has he the right to be where he was? _____

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If the accident was caused by a Plant or by Machinery
Describe Plant/Machinery _____

Was the operator of the Plant / Machinery your direct employee? Yes No
Is the operator qualified? Yes No Licence No. _____

If No, state name of his employer _____
Address _____

Is the employer your sub-contractor? Yes No
Was he working under your direct supervision? Yes No
Is the Plant/Machinery own by you? Yes No
If No, state name of owner Yes No
Address _____

Does the Plant/Machinery carry any other insurance? _____
If Yes, state name of insurer _____
Is there any defect in the Plant/Machinery? Yes No Policy No. _____

If Yes, please specify _____
 Yes No

PARTICULARS OF THIRD PARTY DAMAGE/INJURY

Owner of Property _____

Nature of the Property Damage _____

Name and Address of any persons injured _____

Full details of personal injuries _____

WITNESSES

Name (1) _____ Address _____

Has the accident be reported to the police? Yes No
If so, give name of Police Station _____

Has any intimation of claim been made to you? Yes No
If so, by whom and for what amount? _____

Have you admitted responsibility in any way? _____

Note: Please obtain all relevant details and complete this form without leaving any blanks to the questions. Further information and other details whatsoever obtained at a later date must be forwarded to the Company without delay.

I/We hereby declare that the foregoing particulars are true in every respect.

Signature and Company Stamp

Date