

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 bank account 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? \_\_\_\_\_

If the accident was caused by a Plant or by Machinery	
Describe Plant/Machinery	_____
Was the operator of the Plant / Machinery your direct employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the operator qualified?	<input type="checkbox"/> Yes <input type="checkbox"/> No Licence No. _____
If No, state name of his employer	_____
Address	_____
Is the employer your sub-contractor?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was he working under your direct supervision?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the Plant/Machinery own by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, state name of owner	_____
Address	_____
Does the Plant/Machinery carry any other insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No Policy No _____
If Yes, state name of insurer	_____
Is there any defect in the Plant/Machinery?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify	_____
<b>PARTICULARS OF THIRD PARTY DAMAGE/INJURY</b>	
Owner of Property	_____
Nature of the Property Damage	_____
Name and Address of any persons injured	_____
Full details of personal injuries	_____
<b>WTNESSES</b>	
Name (1)	_____ Address _____
(2)	_____
Has the accident be reported to the police?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, give name of Police Station	_____
Has any intimation of claim been made to you?	<input type="checkbox"/> Yes <input type="checkbox"/> 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