

Public Liability Accident Report Form

Claim No.

Please complete this form fully and return it to the Company as soon as possible. Please not that the issue of this form is not an admission of Liability on the part of the Company.

Policy Holder

Name and Address

Policy Number:

Telephone Number:

Business or Occupation:

Are you registered for VAT? YES NO

If YES, state registered number:

Circumstances

Date and time of accident:

Please describe fully the location, circumstances and nature of the accident:

Was the accident reported? YES NO If "YES", when and to whom?

Was the accident caused by any alleged defect in your premises, plant or machinery? YES NO If "YES", give details, and please retain defective equipment for inspection by a Company representative.

Was the accident caused by the alleged negligence of any member of your staff? YES NO If "YES", give details:

Injured Party

Name and Address of Injured Person

Date of Birth:

Occupation:

Details of injuries suffered:

Details of property damaged:

Has any claim been made upon you? YES NO If "YES", give details:

(Any written communication should be forwarded immediately to the company unacknowledged)

