

### Public Liability Insurance Claim Form

The issuing of this form is not to be taken as an admission of liability by the Insurer

Insured's name and address: \_\_\_\_\_  
\_\_\_\_\_

Fax: \_\_\_\_\_ Tel: \_\_\_\_\_

Occupation: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Period of insurance: \_\_\_\_\_

An Answer is Required to Each of the Following Questions

1	Address of the premises or place where the loss/ damage occurred	
2	Date and time when the loss occurred/ discovered	
3	By whom was it discovered?	
4	To whom was complaint first made and by whom?	
5	Suspected cause of loss or damage	
6	Full particulars of how the loss or damage occurred	
7	Who caused the accident?	
8	Name and address:	
9	Employers of the responsible person	
10	Has any accident due to the same cause happened before? If so, give details	
11	If accident involved sub-contractor or any of their employees, give details	

12 Name and address	
13 Employer	
14 Public Liability Insurer and Policy number	
15 What was the nature of injury or damage sustained by Third Party?	
16 If in the case of property damage:	
17 Who is the owner of the damaged/loss property?	
18 What is the relationship between the property owner and the Insured?	
19 Estimate value of the loss or damage	
20 Give names and address of any witnesses	
21 Are the witnesses under your employment?	
22 Have you received any claim? If so, from whom?	
23 Please submit to us all the claims documents, if any	
24 Has the police been notified, and at which station?	
25 Please provide Police report if any	

WHERE APPROPRIATE PLEASE GIVE A SKETCH OF THE ACCIDENT AND ADD PHOTOS IF AVAILABLE

Estimated Loss Amount:

Date of Notification:

Signature and Chop of the Insured