



Insurance Brokers

THIRD PARTY (PUBLIC LIABILITY) INSURANCE CLAIM FORM

About the Assured

Name (in full):			
Address (in full):			
Occupation:		Tel. No.:	

About the Accident

Date of accident:		Time:		am/pm
Place of accident:				
By whom reported?				
Date reported:		Time:		am/pm
Was the accident due to any breakdown or defect in ways, works, machinery or plant?				YES / NO
If so, please give details:				
Can the accident be attributed to fault or negligence?				YES / NO
If so, whose?				
Was he/she employed by you?				YES / NO
If not, by whom employed?				
Describe fully how the accident occurred: <i>(continue on back of form if necessary)</i>				

Underground Services

What precautions were taken to prevent this accident?			
Were underground plans obtained?			YES / NO
<i>If so, please enclose a copy and confirm the date applied for.</i>			

Personal Injuries

Name of injured person:			
Address:			
Occupation:		Tel. No.:	
Contact Name (if different):			
By whom employed, if known:			
Nature & extent of injuries:			
If taken to hospital, state name and address thereof:			
Please set out on reverse sketch plan <i>(if appropriate)</i>			

Property Damage

Name of property owner:

Address:

Particulars of property:

State nature of damage sustained:

Witnesses

Witness names:

Addresses:

Please list any additional witnesses on reverse.

Did a Police Officer witness accident or take particulars?

YES / NO

Officer's No:

Station:

About the Claim

Has any claim been made to you either verbally or in writing?

YES / NO

If so, please give details
(and enclose any Third
Party communications)

I/We certify the particulars supplied herein to be true to the best of my/our knowledge and belief.

Date:

Assured's Signature

N.B. You are reminded that in NO circumstances should you admit any liability or make any offer or enter into any correspondence in connection with any incident which may result in a claim under your Policy.