

PUBLIC LIABILITY ACCIDENT REPORT FORM

Policy No. _____

Insured _____ Occupation/Business _____

Address _____

Telephone Number _____ Contact Person _____

Date of Occurrence _____ Time _____ A.M. P.M.

Place _____

When Reported: _____ Reported to: _____ By: _____

Third Party(ies)

(1) Name and Address _____

Injuries/Property Damage/Loss (Give Details) _____

(2) Name and Address _____

Injuries/Property Damage/Loss (Give Details) _____

Circumstances of Accident or Loss:

Witnesses (Names and Addresses) _____

If you or the claimant has any other insurance covering the damage or loss, please give name and address of insurers:

Has any claim been made to you following this accident or loss? YES NO

GENERAL

(1) If the accident arose from the action of a direct employee, please give name and address:

(2) If the accident arose from the action of a sub-contractor or his employee, please give details:

(3) Who was in charge at the time? _____

(4) If the accident was due to a defect in machinery, plant or equipment, please state nature of defect. (THE DEFECTIVE ITEM SHOULD BE RETAINED IN SAFE KEEPING).

PREMISES

Was the accident due to any defect in the Buildings? or in the Contents?

If due to any defect, who is legally responsible for maintenance and repair? _____

What precisely was the defect? _____

HOTELS AND SIMILAR ESTABLISHMENTS

If the claim is for loss of guest's property and has been reported to the police, please give details of Police Station and time reported

Is the claimant a Hotel Guest/ Timesharer/ Condominium Unit Owner/ Town House Resident?

If none applies, please indicate the category: _____

If a Hotel Guest, is the statutory notice displayed in accordance with the Hotel Proprietors' Act 1975-2, and if so, where?

Has the lost property previously been tended to the Reception area for safekeeping and refused? _____

If so, why? _____

I/we hereby declare that to the best of my/our knowledge and belief, the foregoing statements are fully and truly made.

Date: _____ Insured's Signature: _____