

## 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? \_\_\_\_\_

\_\_\_\_\_

### 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:

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(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).

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## PREMISES

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

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

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What precisely was the defect? \_\_\_\_\_

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## 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

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Is the claimant a Hotel Guest/Timesharer/Condominium Unit Owner/Town House Resident? If so, delete those that do NOT apply. If none applies, please indicate the category \_\_\_\_\_

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

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

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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: \_\_\_\_\_



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