



**CLAIM FORM  
PUBLIC LIABILITY**

**BRANCH..... POLICY NO.....**

1.Name of Insured in full .....

OCCUPATION.....

ADDRESS.....

2.Place where the accident occurred.....

3.Date and Time of Accident.....

4.State in detail how the accident occurred.....

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5.Give Name and Address of Person causing Accident and in whose employ?.....

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6.(a)Name and Address and Occupation of person injured or of Owner of property.....

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(b)Give details of nature and extent of injury or damage.....

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7.Has any intimation of claim been made upon you ? If so ,when and what amount?.....

8.State to whom the accident was first reported , giving date.....

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9.Names and Addresses of Witnesses to Accident ,if not taken ,give reason why.....

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10.Was any evidence or Particular taken by any Policeman ?If so give his number and station.....

DATE.....Signature.....

**ABSOLUTELY NECESSARY THAT ALL THESE QUESTIONS BE FULLY ANSWERED**