

**PUBLIC & PRODUCTS LIABILITY CLAIM FORM**

CERTIFICATE NO

**Assured**

Address

Nature of Business

Tel. No  Contact Name

**Accident**

Date  Time  Place

By Whom Reported to you?  When reported: Date   
Time

Was the accident due to any breakdown or defect in ways, works, machinery or plant? If so, give details

Can the accident be attributed to fault or negligence? If so, whose

Describe fully how the accident occurred (continue on back of form if necessary)

**Personal Injuries**

Name of injured person

Address

Occupation

Contact Name & Tel. No

By whom employed if known

Nature and extent of injuries

If taken to hospital, state name and address thereof

---

### Property Damage

Name and address of owner of property

Particulars of Property

State Nature of damage sustained

---

### Witnesses

Give names and addresses

Are any of those witnesses in your employ? If so, state which

Did a Police Officer witness accident or take particulars?

Officers No. and station

---

### Claim

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

If so, 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  Signature

**NB. 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.**