

Liability Claim Form

1. Name of Insured Address Business/Occupation Telephone No. Policy No.	
2. Date, hour and place of accident	
3. Cause (full information)	
4. If the accident could have been prevented, state what precaution might have been taken	
5. When, and by whom was the accident reported to you?	
6. Was the accident due to carelessness or negligence on your part or that of your employees?	
7. Have you in any way admitted liability?	
8. To which Police Officer or at which Police Station (if any) did you report the occurrence?	
9. Names and addresses of witnesses of accident	

PARTICULARS OF DAMAGE OR INJURY TO OTHER PERSONS OR PROPERTY (ANY COMMUNICATION RECEIVED REGARDING THE ACCIDENT SHOULD BE SENT TO THE INSURER IMMEDIATELY)

10. Name and address of the other party or parties	
11. The nature of the personal injuries, if any, sustained by any person as a result of the occurrence	<u>Name</u> <u>Age</u> <u>Injuries</u>
12. The extent of the damage to property	
13. Whether any claim has been made upon you. If so, was the amount of such claim specified?	
14. Please give any additional information which you consider would help the Insurer in dealing with any claim that may be made against you.	

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

Date _____

Signature of Insured _____