



PUBLIC LIABILITY (THIRD PARTY) INDEMNITY CLAIM FORM

1) Personal Details

- (a) Insured's full names:
(b) Address:
(c) Postal Code:
(d) Town/City:
(e) Policy No.:
(f) Occupation:

2) Date of Accident

- (a) Date: Time:
(b) Place:
(c) By whom was the accident reported to you, and when:
.....
(d) Was the accident in your opinion due to the carelessness or negligence of any
of your employees?
.....

3) Damage To Other Persons Or Property

.....
.....

4) Witnesses

- (a) Names of independent witness:
(b) Address:
(c) Were particulars given to the police? Yes / No
(d) Give number and division of police officer and state whether he witnessed the
accident:
.....

Declaration By Insured

I/We declare the above particulars to be true to the best of my/our knowledge and
belief, and I/We undertake to render the company every assistance in my/our
power in dealing with the matter.

Date: **Signature:**

Note

1. The issue of this form is not to be regarded as an admission of liability.
2. Any communications received regarding the accident should be sent to the company immediately.