



## THIRD PARTY (PUBLIC LIABILITY) INSURANCE CLAIM FORM

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### **ASSURED**

Name (in full) .....

Address (in full) .....

Occupation ..... Tel. No. ....

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### **ACCIDENT**

Date..... Time (A.M. or P.M.)..... Place.....

By whom reported to you ..... When Reported: Date..... Time (A.M. or P.M.) .....

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? .....

.....

Was he/she employed by you? ..... If not, by whom employed? .....

Describe fully how the accident occurred .....

*(continue on back of form if necessary)*

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### **UNDERGROUND SERVICES**

What precautions were taken to prevent this accident? .....

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Were underground plans obtained? If so please enclose a copy and confirm the date applied for.....

Please set out on reverse sketch plan *(if appropriate)*

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### **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.....

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**PROPERTY DAMAGE**

Name and address of owner of Property .....

Particulars of Property .....

State nature of damage sustained .....

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**WITNESSES**

Give names and addresses .....

Are any of these Witnesses in your employ? If so, state which .....

Did a Police Officer witness accident or take particulars?.....

Officers No. and Station .....

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**CLAIM**

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

If so, give details and enclose any Third Party communications .....

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I/We certify the particulars supplied herein to be true to the best of my/our knowledge and belief.

Date ..... Assured Signature .....

**N.B. 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.**