



THIRD PARTY (PUBLIC LIABILITY) INSURANCE CLAIM FORM

ASSURED

Name (in full)

Address (in full)

Occupation Tel. No.

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)

.....

.....

.....

UNDERGROUND SERVICES

What precautions were taken to prevent this accident?

.....

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)*

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
.....
.....

WITNESSESS

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

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 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.