



PUBLIC LIABILITY REPORT

Please print clearly in BLOCK LETTERS throughout. Answer all questions, selecting the necessary check box as appropriate and indicating Not Applicable where necessary. Date format is DD/MM/YY.

Head Office/Agent _____

VAT No. _____ Policy No. _____

SECTION 1 POLICY HOLDER(S)

Name _____ Occupation/Business _____

Address _____ Tel Nos. _____

Email Address _____ Cell No. _____

Email _____ Primary Contact _____

SECTION 2 THE OCCURRENCE

Date _____ Time _____ Place _____

When reported _____ Reported to _____ By _____

SECTION 3 THIRD PARTY/PARTIES

	Person 1	Person 2
Name		
Address		
Details of Injuries/ Property damage/ loss		

SECTION 4 CIRCUMSTANCE OF ACCIDENT OR LOSS

SECTION 5 NAMES & ADDRESSES

	Witness 1	Witness 2	Whitness 3
Name			
Address			
Contact No.			

If you or the claimant has any insurance covering the damage or loss, please give name and address of insurers:

Has any claim been made on you following this accident or loss? Yes No If Yes, was it? Verbal Written

SECTION 6 GENERAL

1. If the accident arose from the action of a direct employee, please give name and address:

2. If the accident arose from the action of a sub-contractor or his employee, please give details:

3. Who was in charge at the time? _____

4. If the accident was due to a defect in machinery, plant, or equipment, please state nature of defect:

Note: The defective item should be retained in safe keeping.

SECTION 7 PREMISES

1. Was the accident due to any defect in the building? Yes No or in the contents? Yes No

3. What precisely was the defect? _____

4. If the owner does not occupy the premises, was the defect reported to him? Yes No

If Yes, was it reported? in writing or verbally and when? _____

SECTION 8 HOTELS AND SIMILAR ESTABLISHMENTS

1. If the claim is for loss of guest's property and has been reported to the Police, please give details of where and when:
Police Station _____ Date _____ Time _____
2. Indicate if the claimant is a: Hotel Guest* Timesharer Condominium Unit Owner Town House Resident
 Other (please give category) _____
3. *If a Hotel Guest, is the statutory notice displayed in accordance with the Hotel Proprietor's Act 1975-2? Yes No
If Yes, where? _____
4. Had the lost property previously been tendered to the Reception area for safe keeping and refused? Yes No
If so, why? _____

SECTION 9 DECLARATION

NOTE: ANY WRITTEN COMMUNICATION MUST ACCOMPANY THIS FORM AND ANY FURTHER COMMUNICATION MUST BE IMMEDIATELY FORWARDED TO THE COMPANY UNANSWERED.

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

Date _____ Insured's Signature _____