

# PUBLIC LIABILITY ACCIDENT REPORT FORM



Broker/Insurer Name		Policy No.	Claim No.
Insured	Name		
	Address and (day) telephone No.		
	Business or occupation		
Description of accident	Date and time		
	Place where accident occurred		
	State exactly how the accident occurred		
		(continue overleaf)	
Witnesses	Name	1.	2.
	Address		
	Tel No.		
Police	If reported to police, state which station and reference number		
Property damage	Name and address of owner		
	Description of damage		
Personal injuries	Name, address and age of injured person	1.	2.
	Details of injuries		
Relationship	If person named above is in your service, or your tenant, or related to you, give full details		
Claim	If claim made against you, give details and attach any correspondence		
Declaration	<p>I/We solemnly declare that I/we have suffered loss of or damage to the property enumerated above and on the reverse hereof and that the said property was in my/our possession immediately prior or during the said loss/damage which occurred in the circumstances described above. I confirm that all the questions were completed honestly and fully by me/us. I understand that the accuracy and effectiveness of this Claim Form is dependent on the quality and accuracy of the information I provide.</p> <p>Insured's signature _____ Capacity _____ Date _____</p>		