

PUBLIC LIABILITY NOTICE OF ACCIDENT FORM



Garwyn LIABILITY
ADJUSTERS

NOTE: This form is issued to enable Underwriters to deal with any claim which might arise, and it is therefore essential that the questions asked be fully and accurately answered

POLICYHOLDER			
Address			
Nature of Business/Occupation		Telephone No.	
ACCIDENT Date	Time	Place	
Who reported the accident to you?	Who did you report the accident to?	When were you notified? Date	Time
Was the accident due to any breakdown or defect in ways, works, machinery or plant? YES/NO If yes give details (including type, make and serial no. of machinery/plant if applicable)			
Who do you consider to be responsible?			
By whom was he/she Employed?			
Describe fully how the accident occurred (Please set out sketch plan if appropriate overleaf)			
(Continue overleaf if necessary)			
Who was the source of this information?			
PERSONAL INJURIES (if applicable)			
Full Names of injured person		N.I. Number (if known)	
Address		Date of Birth (if known)	
Occupation		By whom employed (if known)	
Nature and extent of injuries			
If taken to hospital state name and address and whether detained			
PROPERTY DAMAGE (if applicable)			
Name and address of owner of property			
Particulars of property			
State nature and extent of damage sustained			
WITNESSES/PERSONS NEAR BY Give names and addresses			
Are any of these Witnesses in your employ? If so, state which			
Did a Police Officer witness the accident or take particulars?		Officer's 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		Signed on behalf of Policyholder	
NB - 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.			