

## PUBLIC LIABILITY ACCIDENT REPORT FORM

|          |            |
|----------|------------|
| BROKER:  | POLICY NO: |
| INSURER: | CLAIM NO:  |

### 1. INSURED

|                        |             |
|------------------------|-------------|
| Name:                  | Contact no: |
| Address:               |             |
| Business / occupation: |             |

### 2. DESCRIPTION OF THE ACCIDENT

|                                      |
|--------------------------------------|
| Date + time:                         |
| Place:                               |
| State exactly how accident occurred: |
| .....                                |
| .....                                |
| .....                                |

### 3. NOTIFICATION OF PREVIOUS ACCIDENTS

|   |
|---|
| Has any circumstances which might give rise to a claim been notified to your previous insurers? |
| If so, please give full details including dates and name of insurers:                           |
| .....   |
| .....   |

### 4. WITNESS

|          |             |
|----------|-------------|
| Name:    | Contact no: |
| Address: |             |
| Name:    | Contact no: |
| Address: |             |

### 5. POLICE

|  |
|--|
| If reported to police, state station and ref no: |
|--|

### 6. PROPERTY DAMAGE

|                        |
|------------------------|
| Name:                  |
| Address:               |
| Description of damage: |
| .....                  |
| .....                  |

# PUBLIC LIABILITY ACCIDENT REPORT FORM continued

## 7. PERSONAL INJURIES

|                      |      |
|----------------------|------|
| Name:                | Age: |
| Address:             |      |
| Details of injuries: |      |
| .....                |      |
| .....                |      |
| .....                |      |
| .....                |      |
| .....                |      |

## 8. RELATIONSHIP

|  |
|--|
| If person named above is in your service, or your tenant or related to you, give full details: |
| .....  |
| .....  |
| .....  |
| .....  |

## 9. CLAIM

|  |
|--|
| If a claim has been made against you, give details and attach relevant correspondence: |
| .....  |
| .....  |
| .....  |
| .....  |

## 10. DECLARATION

|  |           |       |
|--|-----------|-------|
| I / We declare that to the best of my / our knowledge the above statements are truly made. |           |       |
| Name:  | Capacity: | Date: |
| Signature:   |           |       |



LLOYD'S CORRESPONDENT