

CLAIM No.....

### PUBLIC LIABILITY CLAIM FORM

1. (a) Name of Insured (b) Address (c) Business/ Occupation (d) Where can you be interviewed?	Phone No. _____		
	From _____ To _____		
2. Date of accident	Date _____	Time _____	
3. Place of accident			
4. Witnesses	Name	Occupation	Address
5. Cause of accident			
6. Type of Damage or Injury			
7. Details of Injured persons	Name	Age	Address
8. Is any of the Injured persons in your service? →			
9. Has any claim (Verbal or in writing) been made against you? If so, give details and attach such notice with this form →			
10. Have any steps been taken to compromise or settle the matter in any way? If so, what and by whom? →			
11. Is the accident due to the negligence of Third Party? Give his/her name and address →			