

PUBLIC LIABILITY ACCIDENT REPORT FORM

Insurer		Policy no,	
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INSURED			
Name		Surname	
Occupation		Daytime contact no.	
Address			

DESCRIPTION OF ACCIDENT			
Date	/	/	Time
Place where accident occurred			
State exactly how the accident occurred			

WITNESSES			
Name 1		Telephone no.	
Address			

Name 2		Telephone no.	
Address			

POLICE (IF REPORTED)			
Police reference no.			
Station		Date reported	

PROPERTY DAMAGE	
Name of owner	
Address of owner	
Description of damage	

PERSONAL INJURIES			
Person 1: Name			
Surname		Age	
Address			
Details of injury			

Person 2: Name			
Surname		Age	
Address			
Details of injury			

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

I / We declare that to the best of my / our knowledge the above statements are truly made.

Insured's signature _____

Date _____

Capacity _____