



# Report of Public Liability Claim

This form should be completed as fully as possible and returned immediately to your Broker. Please do not leave any blank spaces, although N/A may be inserted where appropriate.

## POLICYHOLDERS DETAILS

Insured Name _____
Insured Address _____
_____ Postcode _____
Occupation _____

Date of accident _____ Time of accident _____ am/pm
Details of premises where accident occurred
Address _____
_____ Tel. No. _____
Give FULL description of accident _____
_____
_____
What in your opinion, was the cause of the accident? _____
_____
Who, if anyone, do you consider to blame? Please state why
_____
_____
Please state particulars of damage or injury to Third Party, property or persons (in the case of property damage please state approximate cost of repair/replacement, if known)
_____
_____
_____
Details of damaged property
Name of owner _____
Address _____
_____ Postcode _____

