**Public Liability Claim Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Insurer | | Name | |
|  | | Policy No | |
|  | | Claim No | |
|  | Name |  | |
|  | Email Address |  | |
|  | Address and phone no |  | |
|  | Business or occupation |  | |
| Incident | Date and Time |  | |
|  | Place where incident occurred |  | |
| Witnessess | Name, Address & Tel No | 1. | 2. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Police** | If reported to police, state which station and reference number |  | |
|  |  |  | |
|  |  |  | |
| **Property Damage** | Name and address of owner |  | |
|  |  |  | |
|  |  |  | |
|  | Description of loss or damage |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |
| **Personal Injuries**  **Injuries** | Name, address and age of injured persons | 1 . | 2. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | Details of injuries | 1. | 2. |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Relationship** | If any person named above is in your service, or your tenant, or related to you, give full details |  | |
|  |  |  | |
|  |  |  | |
| **Claim** | If a claim has been, or is being made against you, give details and attach any correspondence. \* |  | |
|  |  |  | |
|  |  |  | |
|  |  |  | |

|  |  |
| --- | --- |
| **Description of incident** | Describe exactly how the incident occurred |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
| **Declaration** | I/We declare that to the best of my/our knowledge the above statements are true.   |  |  |  | | --- | --- | --- | |  |  |  |   Signature Capacity Date |
|  |  |