**Public Liability Claim Form**

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| 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.       |
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| **Police** | If reported to police, state which station and reference number |       |
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|  |  |       |
| **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. \* |       |
|  |  |       |
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|  |  |       |

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

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|       |       |       |

Signature Capacity Date  |
|  |  |