



FIRST ASSURANCE COMPANY LTD

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PUBLIC LIABILITY (THIRD PARTY) INDEMNITY CLAIM FORM

- 1) (a) Insured's full names _____
 (b) Address _____
 (c) Postal Code _____
 (d) Town/City _____
 (e) Policy No. _____
 (f) Occupation _____

2) DATE OF ACCIDENT

- (a) Date: _____ Time: _____
 (b) Place: _____
 (c) By whom was the accident reported to you, and when _____

 (d) Was the accident in your opinion due to the carelessness or negligence of any of your employees?

 (e) Have any of your employees been injured or your property been damaged? If so, give details

 (f) Give full details of the accident, and say how it occurred. _____

3.) DAMAGE TO OTHER PERSONS OR PROPERTY

- (a) Name of other party (or parties) _____
 (b) Address _____ Postal Code _____ Town _____
 (c) Occupation _____
 (d) Nature of personal injuries sustained (if any) _____

 (e) Extent of damage caused to property? _____

 (f) Has any claim been made upon you? _____
 If so, what was the amount _____
 (g) Do you consider the other party to blame? _____
 If so, why? _____

 (h) Have you in any way admitted liability? _____

4. WITNESSES

- a) Names of independent witness _____
 b) Addresses _____
 c) Were particulars given to the police? _____
 d) Give number and division of police officer and state whether he witnessed the accident _____

DECLARATION BY INSURED

I/We declare the above particulars to be true to the best of my/our knowledge and belief, and I/We undertake to render the company every assistance in my/our power in dealing with the matter.

Date _____

NOTE:

1. The issue of this form is not to be regarded as an admission of liability.
2. Any communications received regarding the accident should be sent to the company immediately.