

## Liability Claim Form

| The Claimant        |  |                |  |
|---------------------|--|----------------|--|
| Name of the insured |  |                |  |
| Address             |  |                |  |
| Occupation          |  |                |  |
| Policy Number       |  | Telephone Nos. |  |
| E-mail Address      |  |                |  |
| Agency              |  |                |  |

| The Accident   |  |
|--|--|
| 1. Details of the accident:                                      |  |
| Date   |  |
| Time   |  |
| Place  |  |
| 2. State the cause of the accident ( <i>full information</i> ):  |  |
|  |  |
| 3. State the nature and extent of injury or damage:              |  |
|  |  |
| 4. If injuries, give the names and ages of injured persons:      |  |
|  |  |
| 5. Are the injured persons in your service? If so, give details. |  |
|  |  |

|  |
|--|
| <p>6. If property, give the names and addresses of owners of property damaged:</p>   |
| <p>7. Has any communication, verbal or written, been made to you by or on behalf of any injured person or owner of property damaged? If so. Give particulars.</p> <p style="text-align: center;"><b><i>(Any written communications received must accompany this form.)</i></b></p> |
| <p>8. Have any steps been taken to compromise or settle the matter in any way? If so, what, and by whom?</p>   |
| <p>9. When, and by whom, was the accident reported to you?</p>   |
| <p>10. Give the names and addresses of witnesses of the accident.</p>  |
| <p>11. Was the accident reported to the Police? If so, at which Office</p>   |
| <p>12. Give the date and time the accident was reported to Police?</p>   |

I/We declare that, to the best of my/our knowledge and belief, these statements are true and correct.

Date:..... Signature of Insured.....