



SRIC

Ensuring your tomorrow, today.

PUBLIC LIABILITY REPORT FORM

POLICY DETAILS

FAILURE TO FULLY ANSWER EVERY QUESTION MAY PREJUDICE ANY CLAIM

Claim No.

Policy Number

Name of Insured

Address

Email Address

Occupation

Date and time of accident

When and by whom was it first reported to you?

Name of employee involved (if any)

Was the employee in your direct service?

Exact place where the accident happened

Details of accident stating fully how it occurred

Description of plant causing accident

(pieces of any broken plant must be preserved)

Name and address of persons injured or the owner of property damaged

Full details of personal injuries

Also of damage to property

Have you received any notice of any claim? If verbal, give particulars. If in writing, enclose documents

Did a police constable take particulars? Yes No If so, give No.



Names and addresses of Witness of Accident (if none take, give reasons why)

[Redacted area for witness names and addresses]

It is of utmost importance to obtain name and addresses of witnesses

a Name and address of your tenant

[Redacted area for tenant name and address]

b Nature of tenancy and date of commencement

[Redacted area for tenancy details]

c Rental

[Redacted area for rental amount]

d Had any notice of defect been given to you or your agent prior to the accident?

Yes

No

e If so, on what date and what steps were taken to remedy such defect?

[Redacted area for defect remediation details]

Reply only necessary if claim is under a Property Owner's Policy

I declare the foregoing particulars to be true and correct and undertake to render every assistance in my power in dealing with the matter.

Signature

[Redacted signature area]

Date

DD / MM / YYYY

The policyholder should not disclose the fact of Insurance to claimants but simply state that enquiry will be made