

GENERAL PUBLIC LIABILITY CLAIM NOTIFICATION

Policy Number:	Claim Number:	
Broker / Agent:		
INSURED:		
Address & Telephone Number		
Business or Occupation		
DESCRIPTION OF INCIDENT:		
Date and Time		
Place where incident occurred		
State exactly how the accident occurred (continue overleaf)		
WITNESS:		
Name, Address and Telephone	1.	2.
POLICE:		
If reported to police, state which station and reference number		
PROPERTY DAMAGE:		
Name and Address of Owner		
Description of damage		
PERSONAL INJURIES:		
Name of person injured/ill		
Address of person injured/ill		
Age of injured person/ill		
Details of injuries/illness		
If person named above is in your service or if your tenant, or related to you, give full details		
If claim made against you, give details, and attach any correspondence		

Please ensure all questions were answered in full

DECLARATION:

I/We declare that to the best of my/our knowledge the above statements are truly made.

INSURED'S SIGNATURE

CAPACITY.....

DATE