

PUBLIC LIABILITY ACCIDENT REPORT FORM

INSURER	POLICY NUMBER	VAT REG NUMBER	
INSURED	Name & Occupation/Business		
	Address & Phone No		
DESCRIPTION OF ACCIDENT	Date & Time		
	Place where accident occurred		
	State exactly how the accident occurred		
WITNESSES	Name, address & phone no.		
	Name, address & phone no.		
POLICE	Police station		
	Police reference no.		
	Date reported		
PROPERTY DAMAGE	Name & address of owner		
	Description of damage		
PERSONAL INJURIES	Name, address & age of injured person		
	Details of injuries		
	Name, address & age of injured person		
	Details of injuries		
RELATIONSHIP	If person named above is in your service, or your tenant, or related to you, give full details		
CLAIM	If claim is made against you, give details and attach any correspondence		
DECLARATION	I/We declare that to the best of my/our knowledge the above statements are truly made.		
	_____ Insured's Signature	_____ Capacity	_____ Date