

# Public Liability Accident Report Form

Claim No. 

Please complete this form fully and return it to the Company as soon as possible. Please not that the issue of this form is not an admission of Liability on the part of the Company.

## Policy Holder

Name and Address

Policy Number: Telephone Number: Business or Occupation: 

Are you registered for VAT?

YES NO If YES, state registered number. 

## Circumstances

Date and time of accident: 

Please describe fully the location, circumstances and nature of the accident:

Was the accident reported?

YES NO 

If "YES", when and to whom?

Was the accident caused by any alleged defect in your premises, plant or machinery?

YES NO 

If "YES", give details, and please retain defective equipment for inspection by a Company representative.

Was the accident caused by the alleged negligence of any member of your staff?

YES NO 

If "YES", give details:

## Injured Party

Name and Address of Injured Person

Date of Birth: Occupation: Details of injuries suffered: Details of property damaged: 

Has any claim been made upon you?

YES NO 

If "YES", give details:

(Any written communication should be forwarded immediately to the company unacknowledged)

**Please return completed form to:**

Burlington House, Burlington Road, Dublin 4.

Tel: (01) 6133000. Fax: (01) 6134444.



## Witnesses

Statements should be obtained from witnesses as soon as possible while the incident is fresh in their minds.

Name and Address

Name and Address

If in your employment, place "E" in box:

If in your employment, place "E" in box:

## Sketch of Incident

Please draw a sketch of the location if appropriate:

N.B. For your own protection, please note that your Policy provides that the Insured shall not, without the consent in writing of the Company, make any payment, settlement or arrangement, in respect of any claim, nor shall he, without the like consent, make any admission of liability in respect of any such claim.

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

Signature of Policyholder

Date

## Notes

1. Your Policy covers your Legal Liability at Common Law for accidents to Members of the Public.
2. You are not automatically responsible for each and every accident which occurs on your premises.
3. Responsibility rests with injured party to prove that the injuries suffered were as a direct result of negligence on your part.