



**PUBLIC LIABILITY NOTICE OF ACCIDENT FORM**

**Note: Before completing the Accident Form please read Important Notice**

**Particulars of Insured**

Name of Insured .....  
Address: ..... Tel No: .....  
Business: ..... Policy No: ..... Agency: .....

**Particulars of Accident**

Date of Accident: ..... Time: .....

Place of Accident: .....

Give full details how accident occurred: .....  
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.....

What work were you or your employees engaged to do ? .....

Give Name and Addresses of all Witnesses: (State if own employee or independent witness)

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.....  
.....

**If accident arose from the negligence of one of your employees** .....

- (a) State his name .....  
address .....  
occupation .....
- (b) How long has he been employed in the job ? .....
- (c) Was he given any form of training ? .....
- (d) What act of negligence is alleged against him ? .....
- (e) Do you consider he was negligent ? .....
- (f) If so, in what aspect ? .....
- (g) Does the man himself admit he was at fault ? .....

**If he is not your employee, please state:**

Name of his Employer .....  
Name of Insurance Company of Employer .....

**If accident is attributed to defect in your premises or plant,**

- (a) State nature of defect alleged .....
- (b) Do you admit a defect ? .....
- (c) Were you aware of the defect before the accident ? .....
- (d) If so, what steps have you taken to remedy it ? .....
- (e) Have you authorized any alteration or repair since the accident ? .....
- (f) If so, of what nature ? .....

**If plant and / or machinery are used:-**

- (a) Who was operating it at the material time ? .....
- (b) To whom the plant and / or machinery belong ? .....
- (c) Name of Insurance Company of plant and / or machinery .....

**Particulars of injured Third Party**

- (a) Name ..... Age ..... Occupation .....
- (b) Address .....
- (c) Nature of injury .....
- (d) Was the accident attributed to or caused by negligence on the part of the injured person ?  
.....
- (e) If so, in what way was the injured person negligent ?  
.....
- (f) Had the injured person a right to be where he was ? .....
- (g) Name of Third Party's employer .....
- (h) Is Third Party's employer your sub-contractor ? .....
- (i) Does his contract include a provision indemnifying you against accidents to his employer ?  
.....
- (j) If Third Party's employer is your Principal Contractor, does your contract include an indemnity to the Principal Contractor ?  
.....  
.....

**Particulars of Third Party damage**

- (a) Description of property damaged .....
- (b) Nature and extent of damage .....
- (c) Name and address of owner of the property damaged .....
- (d) Has a claim been made upon you in respect of this accident ? .....
- (e) If so, for what amount ? .....

I / We hereby declare that the foregoing particulars are true in every respect.

Date .....

Signature & Company's Stamp

**IMPORTANT NOTICE**

- 1) The Insured is required to furnish the particulars above as fully and accurately as possible.
- 2) This form is sent without prejudice to the terms and conditions of the Policy and should not be regarded as a waiver by the Company of any breach of the Policy Conditions the Insured may have committed.
- 3) The acceptance of this form is not in itself an admission of liability on the part of the Company.
- 4) If any person has been injured or damage has been caused to a Third Party Vehicle or Property, DO NOT admit liability in any way.
- 5) Communication of any kind you receive regarding the accident should be sent, immediately and unanswered to the Company.