Meanwood General Insurance Ltd

Stand No. 1070, Fairview

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PUBLIC LIABILITY CLAIM FORM

(The issue of this form does not imply Admission of Liability on the part of the Company)

Name of Insured……

Address…… Telephone No……

Policy No…….. Fax No……

Trade or Occupation (if more than one state all) ……

When did the accident occur?…… Place of accident……

Explain fully how the accident occurred ……

……

Give names and addresses of witnesses (if any)……

……

Was the accident reported to Police? If yes,……

Name of Police station…… Date reported……

Name of the person who reported to Police……

Was any property damaged? If yes, provide full details on next page. Yes/No

Were persons injured? If yes, provide full details on next page. Yes/No

Have you received notice of a claim? If yes, provide full details and attach to this form any correspondence received. Yes/No……

Have you admitted liability? Yes/No……

Do you think you are legally liable? Yes/No……

Are there any other Insurances covering this accident? Yes/No……

If yes, give name of the insurance company……

I/We declare that these particulars are true and complete to the best of our knowledge. I/We understand that the information given on this form may be submitted to solicitors for use in connection with any litigation arising out of this accident.

Signature:…… Date:……

(If limited company, give status of signatory)

DETAILS OF INJURED PERSONS

NAME	OCCUPATION	AGE	NATURE OF INJURY	FULL ADDRESS

DETAILS OF PROPERTY DAMAGED

QUANTITY	DESCRIPTION OF PROPERTY	EXTENT OF DAMAGE	ESTIMATED COST OF DAMAGE	OWNERS NAME AND FULL ADDRESS