

# Liability Claim Form

The issue of this form does not imply admission of liability on the part of the Company. Each item should be completed correctly and in good faith

1. Policy / Certificate Number
2. Insured Name
3. Business or Occupation
4. Date of Loss/Damage  Time  Place
5. Explain fully how the accident happened

6. Give names and addresses of witnesses (if any)
7. Have the Police been notified  Yes  No  
If yes, provide details
  - Name the Police Station
  - Give the date reported
  - Name the person who reported to Police

8. Were persons injured?  Yes  No  
If yes, provide details

Name	Occupation	Age	Nature of Injury	Full Address

9. Was any property damaged?

Yes  No

If yes, provide details

Quantity	Description of Property	Extent of Damage	Estimated Cost of Damage	Owner's Name and Full Address

10. Have you received notice of a claim?

Yes  No

If yes, provide full details and attach to this form any correspondence received.

11. Have you admitted liability

Yes  No

12. Do you think you are legally liable?

Yes  No

If yes, Give reasons why your are legally liable.

13. Are there any other insurances covering this accident?

Yes  No

If yes, give name of Insurance Company

**Declaration**

I / We hereby declare that the above information is in all respects true and correct. I/We understand that any false or fraudulent statements or any attempt to suppress or conceal any material facts shall render the policy void and I/We shall forfeit my/our rights to claim under the policy.

Date

\_\_\_\_\_  
Name, signature and company's seal