

# DONEWELL INSURANCE COMPANY LIMITED



## PUBLIC LIABILITY CLAIM FORM

*(The company does not admit liability by the issue of this form)*

DATE FORM COLLECTED ..... DATE FORM RETURNED .....

Name ..... Policy No.....

Address .....

Date of payment Of Last premium.....amount paid.....

Business .....Tel. No (s) .....

1. Date of accident..... Time of accident .....

2. The place of accident.....

3. (a) What was the particular job at which the accident occurred.....

(b) Are you the head Contractor?

.....

If not, who is.....

(c) Was anyone other than yourself or your employees involved? Yes/no

(d) If yes please give details of such persons

.....

.....

4. The injured person's Name .....Apparent Age.....

Address.....Occupation.....

OR

Name and Address of owner of property damaged

.....

5. Nature and extent of injury or damage

.....

6. Did the injury person make any statement after the accident as to its cause, or admitting his/her own carelessness; and if so what did he say and who heard it ? Give names and addresses.

.....

.....

I / We declare that the above are full and accurate statement to the best of my knowledge .

Date ..... Signature of Insured.....

