

Public Liability Claim Form

Name of Insured:

Address:

Date of Incident: Time of Incident:

Third Party Details

Full Name: Male: Female:

Date of Birth:

Address:

Telephone: Occupation: Age:

Child (Under 18 years of age)

Was the child accompanied by an adult? No Yes Unknown Childs Age:

Supervisors relationship to child:

Supervisors Name:

Address: Telephone:

Reported By

Reported to:

In Person Telephone Letter Other Date Reported:

Third Party Other Name

Relationship to Third Party:

Other Party Involvement

Did the incident involve another party (e.g. Contractor) No Yes Other Party: Name

Other Party Address:

Other Party Phone:

How was this Other Party involved?

Incident & Incident Location

Describe Incident (as reported by Third Party):

Exact Location:

CCTV surveillance verification is held No Yes Not available

Witness Details

Witness: No Yes Name: _____

Type of Witness: Eye Witness Circumstantial

Relationship to Third Party:

Address: _____ Telephone: _____

Witness Comments:

Injury

Describe the injury as reported by the Claimant:

Describe the injury as seen by party attending the scene:

Area of the body injured: Head Neck Back Shoulder Elbow Wrist Hand
 Fingers Hip Thigh Knee Ankle Foot Toes

Treatment/Assistance

Provided: No Refused Yes By whom: _____

Medical Assistance provided: No Yes By whom: _____

Ambulance called: No Yes By whom: _____

Transport Arranged: No Yes To where?: _____

Third Party Property Damage

Has the Third Party incurred property loss or damage? No Yes Motor Vehicle Property

If yes, describe:

Status: Settled \$ _____ Pending \$ _____

Attachments

T/P Letter Solicitors letter Medical Information Medical accounts

Security report Photographs Floor plan Property quote

Motor vehicle quote Cleaners statement Security guard statement