



CONSUMERS
GUARANTEE
INSURANCE

Policy No.....

PUBLIC LIABILITY ACCIDENT REPORT FORM

Policy Holder..... Occupation/Business.....
Address..... Telephone Number.....
..... Contact Person.....
Date of Occurrence..... Time..... A.M P.M
Place.....
When Reported:..... Reported to:..... By:.....

Third Party/Parties:

Name and Address
.....
.....

Injuries/Property Damage/Loss (Give Details).....
Name and Address
.....

Injuries/Property Damage/Loss (Give Details).....

Circumstances of Accident or Loss:.....
.....
.....
.....

Witnesses (Names and Addresses).....
.....
.....

If you or the claimant has any other insurance covering the damage or loss, please give name and address of insurers:.....
.....

Has any other claim been made to you following this accident or loss?.....
.....

GENERAL

- (1) If the accident arose from the action of a direct employee, please give name and address:
.....
- (2) If the accident arose from the action of a sub-contractor or his employee, please give details:
.....
- (3) Who was in charge at the time?.....
- (4) If the accident was due to a defect in machinery, plant or equipment, please state the nature of defect. (THE DEFECTIVE ITEM SHOULD BE RETAINED IN SAFE KEEPING).
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PREMISES

Was the accident due to any defect in the Buildings? or in the Contents?
.....

If due to any defect, who is legally responsible for maintenance and repair?
.....

What precisely was the defect?.....
.....

HOTELS AND SIMILAR ESTABLISHMENTS

If the claim is for loss of guest's property and has been reported to the police, please give details of Police Station and time reported.....

Is the claimant a Hotel Guest/Timesharer/Condominium Unit Owner/Town House Resident? If so, delete those that do NOT apply. If none applies, please indicate the category.....

If a Hotel Guest, is the statutory notice displayed in accordance with the Hotel Proprietors' Act 1975-2, and if so, where?
.....

Had the lost property previously been tended to the Reception area for safekeeping and refused?
If so, why?.....

I/we hereby declare that to the best of my/our knowledge and belief, the foregoing statements are fully and truly made.

Date:..... Insured's Signature.....