

PUBLIC LIABILITY INSURANCE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS ADMISSION OF LIABILITY

1. Important Information

- a) Claim form is to be filled and signed by the Insured (Registered owner) of the property. Please do not leave any column unanswered.
- b) All facts and statements must be factual and not false, influenced or biased in any form.
- c) Following the initial damage to the property, try to avoid any subsequent damage/loss. Alliance Insurance will not be responsible for same.
- d) Please read carefully the attached list of documents required for faster scrutiny and processing of your claim.

2. Details of Insured

Policy Number: Claim Number:
Name: Address:
Phone Nos: Email Address:
Trade or Business: Period of Insurance:

3. Details of Accident

Incident Date: Approximate Time:

Address of premises where the loss occurred:

Brief details of the loss/damage
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.....
.....

What in your opinion was the cause of the accident?

Did you report the accident? Yes/No Did the Police/Fire Brigade attend the scene? Yes/No

If yes, which Police station reported on scene or did you attend?.....

Has there been a statement made? Yes/No If yes, by whom? Kindly provide all statements.

.....

Who do you consider to be at fault for the accident? Please state why

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.....

4. Particulars of Injuries/Deaths

Names	Contact Nos	Hospital Attended	Description of Injury
i)
ii)
iii)
iv)

NOTE: If accident is fatal, telephone the Company immediately, saying when and where the inquest is to be held.

5. Damage to Property

Details of the damage
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Is there any other insurance cover in force on the damaged property? Yes/No

Has any claim been made upon you? Yes/No

If so by whom and for what amount?
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(Note: Any correspondence must be forwarded immediately to the Company)

6. Have you in any way admitted liability?

7. Witnesses

Names	Contact Nos
i)
ii)
iii).....
iv)

8. Declaration

I, agree to provide additional information to the Company if required. I, do hereby declare, to the best of my knowledge and belief, warrant the truth of foregoing statements in every respect and agree that if I have made any false or fraudulent statement/declaration or thereby be any suppression or concealment, the policy even if issued, shall be void and cancelled with effect from the risk inception date and the claim shall be forfeited.

Signature of Insured: Date:

List of Documents required for claim settlement

- Duly filled and signed claim form
- Police statement and/or Police report
- Medical Reports
- Additional invoices and receipts relevant to the claim