



CLAIM FORM: PUBLIC, PRODUCTS OR PERSONAL LIABILITY

Preliminary particulars of the incident to be furnished by the insured.

Customer Details

First Name

Last Name

Address

Occupation

No. of policy

Incident Details

Place where the incident occurred

Date of incident

Time of incident

State in detail how the incident occurred

Give Name and address of contact person for the insured

Name, Address Occupation of person injured or owner of property damaged

Give details of nature & extent of injury or damage

Has any intimation of claim been made upon you? If so, when & what amount?

State to whom the incident was first reported

Name & addresses of witnesses to the incident. If none taken give reason why.

Was any evidence or particulars taken by any police officer? If so provide his/her number & station

Cable Claims

Are there any other Insurance in place i.e. CAR

Yes

No

Was the damage caused by:

Insurer or

Sub-Contractor

Who is responsible for arranging the Insurance, the Sub-Contractor or the Contractor?

Were the cables within the bounds of the contract

Yes

No

Was the Insured working on the contract at the time of the incident?

Yes

No

Was the Insured working on the area in question at the time of the incident?

Yes

No

Are there any witness statements available?

Yes

No

Was the Insured provided with drawings?

Yes (Please supply drawings)

No

Is there a situation of Hired in Plant with driver or was this an employee of the Insured?

Yes (Please supply Hire Contract)

No

Date

Signature

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