PUBLIC LIABILITY
CLAIM FORM

1. INSURED PERSON

Policy Number _____ Date of Payment last remium: __ /___ /_____

Name of Insured _____ Address _____

Telephone No.: _____ Email Address: _____

Trade or Occupation (if more than one state all) _____

_____

Date of accident __ /___ /_____ Time _____ a.m/p.m. Place _____

Explain fully how accident occurred _____

_____

When was the accident reported to you? __ /___ /_____ By whom? _____

Did the accident arise from the activities of persons in your direct employ?_____

If so give name and address of employees and results of internal investigations _____

_____

Name and addressses of any witnesses _____

Name and addresses of any other witnesses _____

Was the accident reported to the Police? _____ Details of officer or station _____

Persons (other than your own employees) who sustained injury or damage to property

Name	Addresses	Details of injury and damage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there any other insurance indemnifying you in respect of this accident? _____

If so give name and address of Insurers _____

Has any claim been made against you? _____

If so, give details _____

_____

EQUATORIAL FIDELITY CENTRE, OFF WAIYAKI WAY, WESTLANDS P.O.BOX 47435, 00100 NAIROBI, GPO KENYA.
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THE FOLLOWING QUESTIONS SHOULD BE ANSWERED IF THE ACCIDENT AROSE OUT OF A DEFECT IN PREMISES

If you are the owner give name and address of tenant _____

If you are the occupier give name of owner _____

What is the net annual rental _____

For what purposes are the premises used? _____

Are you responsible for repairs? _____

When was the property last inspected __ /___ /_____ By whom? _____

NOTE

All communications and claims received by you concerningaccident are to be forwarded immediately without acknowledgement.

I/We that these particulars are true and complete. I/We understand that the information on this form may be submitted to solicitors for us in connection with any litigation arising out of this accident.

Date: __ /___ /_____ Signature of Insured (If a Limited Company give status of signatory) _____

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