

PERSONAL LIABILITY CLAIM

1. Complete this form in detail and return it to the Company without delay.
2. A person making a claim against you must not be advised that you are insured or as to the terms and extent of your insurance.
3. All claims made against you must be advised to the Company immediately on receipt and all communications forwarded unanswered to the Company.
4. The Company will subject to the terms and conditions of the policy undertake your defence in any legal action and all notices or advice of such action must be forwarded to the Company forthwith.
5. The issue of this form must not be considered as an admission of liability on the part of the Company, but is in accordance with the terms and condition of the policy.

Name of Insurer _____ Policy number _____

Insured

Name of Insured _____
 Occupation _____ ID number _____
 Address _____

Particulars of Accident

Date of accident _____ Time _____
 Exact place where accident happened _____
 Explain fully how accident happened _____

Third Party

Name of person injured or owner of property damaged _____
 Address _____
 Business or occupation _____

Please give full details of

i) Personal injuries _____

ii) Damage to property of third parties _____

iii) If damage caused to motor vehicle, please complete:
 Manufacturer _____ Model _____
 Year _____ Vehicle registration number _____
 Location of damages on vehicle _____

Witness

Please give name and address of any witness. (If none were obtained, please state whether any were available and reason for not providing particulars.)

Police

Police station and reference number _____ Date reported _____

Other InsurancesHave you any other insurance in force in respect of this occurrence _____
If so, give particulars _____
_____**Property Owners**

(To be completed only if claim is under Property Owner's Policy)

Name and address of your tenant _____

_____**Sketch Plan**

(To be completed whenever applicable)

Declaration

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

Insured's signature

Capacity

Date