

PUBLIC LIABILITY ACCIDENT REPORT FORM



Insured

Name and Surname:

Policy No.:

VAT Reg No.

Address:

Identity No.:

Occupation / Business:

Code:

Phone No.:

Description of Accident

Date: *day/month/year*

Time:

Place where accident occurred:

State exactly how the accident occurred:

Witnesses

Full name:

Full name:

Address:

Address:

Code:

Code:

Contact Number:

Contact Number:

Police

Police station:

Police Reference No.:

Date reported: *day/month/year*

Property Damage

Name of owner:

Address:

Code:

Description of damage:

Personal Injuries

Full name: _____ Age: _____

Address: _____

Code: _____

Details of injury: _____

Full name: _____ Age: _____

Address: _____

Code: _____

Details of injury: _____

Full name: _____ Age: _____

Address: _____

Code: _____

Details of injury: _____

Relationship

If person named above is in your service, tenant or related to you, give full details: _____

Claim

If claim has been made against you, please give details and attached correspondence: _____

Declaration

I / We hereby declare the foregoing particulars to be true in every respect.

Signature of insured: _____ Date: day / month / year

Capacity: _____