

PUBLIC LIABILITY ACCIDENT REPORT FORM

INSURER

Insurer

Policy No.

VAT Reg No.

INSURED

Name Et Surname

Address

Code

Identity No.

Occupation / Business

Phone No.

DESCRIPTION OF ACCIDENT

Date

Time

Place where accident occurred

State exactly how the accident occurred

WITNESSES

Name

Name

Address

Address

Code

Code

Phone No.

Phone No.

POLICE

Police Station

Police Reference No.

Date reported

PROPERTY DAMAGE

Name of owner

Address

Code

Description of damage

PERSONAL INJURIES

Name

Age

Address

Code

Details of injuries

Name

Age

Address

Code

Details of injuries

Name

Age

Address

Code

Details of injuries

RELATIONSHIP

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

CLAIM

If claim made against you, give details and attach correspondence

DECLARATION

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

Signature of insured

Date *day / month / year*

Capacity