

**PUBLIC LIABILITY CLAIM FORM**

<b>Insured</b>	Name and occupation		
	Address		
	Tel No		
<b>Description of Loss</b>	Date and time of loss / damage		
	Place where loss / damage occurred		
	State exactly how the loss / damage occurred.		
<b>Witnesses</b>	Name, address & Tel No of witnesses	Name:	Name:
		Address:	Address:
		Tel No:	Tel No:
<b>Police</b>	Name of Police Station and Case Reference Number		
<b>Property Damage</b>	Name and address of owner		
	Description of damage to property		
<b>Personal Injuries</b>	Name and age of injured person		
	Address of injured person		
	Details of injuries		
<b>Relationship</b>	If person named above is in your service / your tenant / related to you, please give full details		
<b>Claim</b>	If a claim has been made against you, please give details and attach any correspondence received		
<b>Declaration</b>	I / We declare that to the best of my / our knowledge the above statements are truly made.		
	Insured's Signature .....	Date	/ /