

## PERSONAL LIABILITY CLAIM FORM

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 Model \_\_\_\_\_ 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 no. \_\_\_\_\_ Date reported \_\_\_\_\_

**Other Insurances**

Have 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 Owners' Policy)

Name and address of your tenant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Sketch Plan**

(To be completed whenever applicable)

### Declaration

**CONSENT TO DISCLOSURE** You acknowledge that the sharing of claims information and underwriting information (including credit information) by Insurers is essential to enable the Insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims, in the public interest and with a view to limiting premiums. On behalf of Yourself and on behalf of any person You represent herein, You hereby waive any right to privacy in any insurance information provided by You or on Your behalf in respect of any insurance policy or claim made or lodged by You and You consent to such information being disclosed to any other insurance company or its agent. You also acknowledge that the information provided by You may be verified against other legitimate sources or database. You also waive any rights of privacy and consent to the disclosure of any information relevant to any insurance policy or claim concerning Yourself.

We hereby declare the foregoing particulars to be true and complete and correct in every respect.

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Insured's Signature

Capacity

Date