

General Insurance Company Ltd.

Head Office: 9-11 Bridge Street, P. O. Box 786, Castries
St. Lucia, W.I.

Notice of Accident - Public Liability Insurance

(This form is NOT to be used for vehicle accidents)

NOTE: This form should be completed and returned to us as soon as possible, whether or not a claim is being made.

(DO NOT DISCLOSE THAT YOU ARE INSURED)

POLICY NO:

CLAIM NO:

Name of Insured _____
Address _____
Occupation/Business _____
Telephone No: _____

1. State carefully:
Date of Accident _____ Time _____
Place where, accident occurred _____

2. Give full details of how Accident occurred _____

3. Give Names and Addresses of all Witnesses _____
(State if your employee or independent) _____

4. At the time of the accident what work _____
were you or your employees engaged to do? _____

Name and Address of person who caused _____
or who was to blame for the accident _____

Name and Address of person's Employer _____
if not you _____

5. Were particulars taken by the Police? _____

If 'yes; give Name and Number of _____
Officer and Address of Police Station _____

6. Do you have any other Policies covering _____
you for this accident? _____

If 'yes, give particulars. _____

PARTICULARS OF POSSIBLE CLAIMANT

7. Name _____
Address _____
State nature of injury or damage _____

8. Have you received notice of a claim? _____

If 'yes', from whom and in what form? _____
If claim is in writing, please forward _____
with this form _____

I/We hereby declare the foregoing particulars to be true and correct. _____

Signature _____ Date _____
of Insured: _____