

# SPECIALIST UNDERWRITING SERVICES

Melrose House, Dundrum Road, Dublin 14.

Tel: 01-298 8899, Fax: 01 298 0361

## PUBLIC LIABILITY ACCIDENT REPORT FORM

**THE FORM SHOULD BE COMPLETED AND RETURNED TO THE ABOVE ADDRESS.**

In fatal accidents the Company should be notified immediately by telephone or facsimile so that representation at the enquiry into the death can be arranged. No payment, offer or promise of any payment or admission of liability in any way should be made. Where plant or machinery is involved, it is most important that any part or parts concerned should be preserved and no improvement nor adjustment should be made to any machinery until after an inspection by our representative. No inspection of any plant or machinery should be permitted without our consent and great care should be taken to preserve any evidence which might be useful in ascertaining liability.

1. Name of Policyholder:							
Address:				Tel No:			
Policy No:							
Trade of Business							
2. DETAILS OF ACCIDENT		Date:		Time		am/pm	
Place:							
Full details and description illustrated by rough sketch if necessary:							
3 If property is damaged, what is the approximate cost of repair or replacement? Give details of damage							€
4 Was the accident caused by any defect in your ways, works machinery, plant or premises? If so, state exact nature of defect. (Defective plant or machinery should be preserved and retained in position pending inspection).							
5 Was the accident caused by the negligence of any or your employees? If so, state:							
Name:							
Address:							
Occupation:		Age:					
6 Was the accident caused by any person NOT in your employment? If so state:							
Name:							
Address:							
Details of act of neglect							
7. If the accident arose out of work being carried out under contract, has any indemnity or disclaimer been given or received? Give details.							
8. When was the accident reported to you? By whom was the report made?							
Date:				Time		am/pm	
Name:							
Address:							
<b>WITNESS' NAME AND ADDRESS - IT IS ESSENTIAL THAT THIS INFORMATION IS GIVEN</b>							
9. Employees				Independent Witnesses			
10. THIRD PARTIES Give name address and particulars of any person injured:							
Name:							
Address:							
Particulars							
11 Give name and address of owner of any property damaged:							
Name:							
Address:							
12 Has any claim been made? If so, by whom? Give Particulars							
Name:							
Address:							
Particulars							
OTHER INSURANCES Have you any other insurance under which you can claim to be indemnified?							
Date:		Signature of Official:					

