TETRIS
BUSINESS
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Public Liability Report & Claim Form

Insured			
Name			
Physical Address			
Contact Number/s			
I.D No. / CK No.		Email Adress	
Accident			
Date and Time of Loss			
Where did the loss occur?			
When was the loss discovered?			
Were premises occupied at the time?			
If yes, by whom?			
If no, when was it last occupied?			
State how accident occurred (if possible, attach a sketch plan)			
To your knowledge, has any other accident occurred at the same place under similar circumstances? If yes, give details:			
Was the accident attributable to lack of ordinary caution on the part of the claimant? If yes, in what respect?			
Injuries or Damage			
Full details of personal injuries or damage (incl. Names, addresses and telephone numbers)			
Has any claim been lodged against you? If yes, state amount:			
Has the claimant made any offer or suggestion to settle the claim? If yes, give details:			

Witnesses		
Witness 1	Name	
	Address	
	Telephone No.	
Witness 2	Name	
	Address	
	Telephone No.	
Other Cover		
Is there any other insurance covering this loss?		
If so, give name of insurer		
Declaration		
I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the SAID loss/damage which occurred in the circumstances described above.		
Other Cover		
Is there any other insurance covering this loss?		
If so, give name of Insurer		
Declaration		
I/We solemnly declare that I/We have suffered loss of or damage to the property enumerated on the reverse hereof and that the said property was in my/our possession immediately prior to the said loss/damage which occurred in the circumstances described above.		

Signature of Insured: _____ Date: _____