

## PUBLIC LIABILITY CLAIM FORM

Compendium cares about your privacy. To assist you with your claim, Compendium, our service providers and your insurer has to process the personal information you provide when completing this form. The information will be treated with caution and all reasonable security measures have been implemented to protect your personal information.

1. Complete the form in detail and return it to the Company without delay.
2. All claims made against you must be advised to the Company immediately on receipt and all communications forwarded unanswered to the Company.
3. The issue of this form must not be considered as an admission of liability on the part of the Company but is issued in accordance with the terms and conditions of the Policy

### INSURED DETAILS

Name	
Business & Occupation	
Address	
Telephone Number	
E-mail Address	

### PARTICULARS OF ACCIDENT

Date of accident		
Time of accident		
Exact Place where accident occurred		
Explain in detail exactly how the accident happened		
Name of person injured/ owner of property damaged		
Address		
Age or ID number of person Injured		
Business or Occupation		
Please give full details of	Personal Injuries	Damage of property of third parties
Have you made any offer to settle any claim in any way?		
Who do you think was at fault, and why?		

### OTHER INSURANCES

Do you have any other insurance in force in respect of the occurrence? If so, please give particulars	

**PROPERTY OWNERS (To be completed only if claim under Property Owners Policy)**

Name of Tenant

Address of Tenant

**DRIVING ACCIDENTS (To be completed only if claim under Driving Accidents Policy)**

Name of Driver

Address of Driver

ID Number of Driver

How long has the driver been in your employment?

Was the driver insured? Yes  No 

If yes, please give details

Description of vehicle

Were the vehicle damages Yes  No 

If yes, please give details

Where can the vehicle be examined?

**WITNESS**

Name

Address

Telephone Number

**DECLARATION**

I/We solemnly declare that to the best of my/our knowledge, the above statements are truly made.

Insured Signature  Date Capacity  Full Name **FRAUDULENT CLAIMS WILL BE PROSECUTED**