

**THIRD PARTY (GENERAL) ACCIDENT REPORT FORM**

Branch \_\_\_\_\_ Policy No \_\_\_\_\_ Claim No \_\_\_\_\_

*This form should be completed and returned to the Insurers immediately, whether a claim has been made on the Insured or not.*

<p>1. Name of Insured Address Business Telephone No.</p>	
<p>2. Date, hour and place of accident</p>	
<p>3. If the accident occurred on premises occupied by the Insured and was due to a defect in the premises, who is responsible for maintenance and repair of the property?</p>	
<p>4. Please explain how the accident occurred</p>	
<p>5. Nature and extent of injury or damage</p>	
<p>6. (a) Name, address and age of injured person  (b) Name and address of owner of property damaged  (c) Is he or she in your service?</p>	
<p>7. State whether any claim has been made upon you, with details of amount, if known. If the claim is in writing please forward the communication to us unanswered</p>	
<p>8. When, and by whom was the accident reported to you?</p>	
<p>9. Names and addresses of witnesses to accident</p>	
<p>10. Give the number of the policeman, if any, who took particulars</p>	

I/We hereby declare that to the best of my/our knowledge and belief, the above statements are fully and truly made.

Date \_\_\_\_\_ 20\_\_\_\_\_

Insured's Signature \_\_\_\_\_