



An affiliate of VICTORIA MUTUAL

BRITISH CARIBBEAN INSURANCE COMPANY LIMITED

Head Office: 36 Duke Street, P.O. Box 170, Kingston, Jamaica, W.I.

Tel: (876) 922-1260, (876) 618-2242; Fax: (876) 922-4475

NOT TO BE USED FOR MOTOR VEHICLE ACCIDENTS

NOTICE OF ACCIDENT – PUBLIC LIABILITY INSURANCE

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

DO NOT DISCLOSE THAT YOU ARE INSURED

1. Name of Insured: Phone No. Address: Policy No. Occupation:

2. State carefully: Date of accident: Time: Place where accident occurred:

3. Give full details of how accident occurred:

4. Give Names and Addresses of all Witnesses: (State if own employee or independent)

5. What work were you or your employees engaged to do? Name and address of person who caused or who was to be blamed for the accident: Name and address of his employer if other than Insured:

6. Were particulars were taken by the Police? If so, give number and station of Officer taking particulars

7. Do you hold any other policies covering you for this accident? If so, give particulars

PARTICULARS OF POSSIBLE CLAIMANT

8. Name: Address: State nature of injury or damage:

9. Have you received notice of Claim? If so, from whom, when and in what form? If claim in writing, please forward with this form.

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

Signature Dated this day of 20