



ASSOCIATED INSURANCE BROKERS

Reg No 2004/022911/07

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PUBLIC LIABILITY REPORT FORM

POLICY NUMBER			
CLAIM NUMBER			
INSURED	Name		
	Address and Day Telephone Number		
	Business or occupation		
DESCRIPTION OF ACCIDENT	Date and time		
	Place where accident occurred		
	State exactly how the accident occurred.		
		(continue overleaf)	
WITNESSES	Name		
	Address		
	Telephone number		
Police	If reported to police, state which station and reference number		
PROPERTY DAMAGE	Name and address of owner		
	Description of damage		
PERSONAL INJURIES	Name, address and age of injured person	1.	2.
	Details of injuries		
RELATIONSHIP	If person named above is in your service, or your tenant, or related to you, give full details.		

