



**Head Office:** Newtown Centre, 30-34 Maraval Road, Newtown, 190133, Port of Spain,  
**Telephone:** (868) 625-GGIL ■ Fax: (868) 622-9994  
**Website:** www.myguardiangroup.com

**NOTICE OF ACCIDENT – PUBLIC LIABILITY INSURANCE**  
(This form is NOT to be used for vehicle accidents)

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NOTE: this form should be completed and returned to us as soon as possible, whether or not a claim is being made.

(DO NOT DISCLOSE THAT YOU ARE INSURED)

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POLICY NO:

CLAIM NO:

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Name of Insured \_\_\_\_\_

Address \_\_\_\_\_

Occupation/Business \_\_\_\_\_

Telephone No: \_\_\_\_\_

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1. State carefully:

Date of Accident \_\_\_\_\_

Time \_\_\_\_\_

Place where accident occurred \_\_\_\_\_

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2. Give full details of how accident occurred

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3. Give Names and Addresses of all Witnesses  
(State if your employee or independent)

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4. At the time of the accident what work were you or your employees engaged to do?

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Name and Address of person who caused or who was to blame for the accident

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Name and Address of person's Employer if not you

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5. Were particulars taken by the Police?

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if "yes" give Name and Number of Officer and Address of Police Station

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6. Do you have any other Policies covering you for this accident?

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If "yes" give particulars.

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**PARTICULARS OF POSSIBLE CLAIMANT**

7. Name

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Address

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State nature of injury or damage

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8. Have you received notice of a claim?  
If "yes" from whom and in what form?

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If claim is in writing please forward with this form

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IWe hereby declare the foregoing particulars to be true and correct.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_