



VINSURE

ST. VINCENT INSURANCES LTD.

ST. VINCENT INSURANCES LTD.
Public Liability Accident Form

Policy No.

Claim No.

INSURED

Insured's Name in full.

Tel. No.

Insured's Private Address.

Tel. No.

Insured's Business Address.

Fax No.

Business or Occupation.

E-mail.

1. LOSS DETAILS

a. State date and time of accident

a.

b. State the Premises/Place where accident occurred

b.

c. Give a description of the accident and how it occurred.
(Please use separate sheet if necessary)

c.

2. ACCIDENT

a. Give names and addresses of all witnesses, if any. (Indicate if its an employee or independent witness)

a.

b. Give names and addresses of injured person, or whose property was damaged.

b.

<p>c. Give full details of</p> <p>i. bodily injuries or illness</p> <p>ii. loss of or damage to property sustained</p>	<p>c.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>d. Have you received notice of a claim? If yes, verbally or written?</p> <p>e. If verbally, give details or if written, please attach the correspondence.</p>	<p>d.</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>3. INSURANCE</p> <p>a. Are there any other insurances in force covering this loss?</p> <p>b. If yes, please state name and address of the other company.</p>	<p>a.</p> <p>b.</p> <p>.....</p> <p>.....</p>
<p>I/WE do hereby declare that the above given to ST. VINCENT INSURANCES LIMITED is a full, true and accurate statement.</p> <p>Signature of Insured.....</p> <p>Date.....</p>	