



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

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

1. Policy No..... Name of Insured..... Address..... Business.....	
2. Date, hour and place of accident.....	
3. Cause (full information) .....	
4. (a) If the accident was caused by plant/machinery, please state if the said plant/machinery is under maintenance.  (b) Is the said item kept for further examination, if required.	
5. Nature and extent of injury of damage.....	
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?	
7. Has any communication, verbal or written, been made to you by or on behalf of any injured person or owner of property damaged? If so, give particulars (Any written communications received must accompany this form)	
8. Have any steps been taken to compromise or settle the matter in any way? If so, what, any by whom?	
9. When, and by whom, was the accident reported to you?	
10. Name and address of witnesses of accident	
11. Which police station the accident was reported; the relevant case number, if any.	

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

.....  
DATE

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AUTHORISED SIGNATURE

PL/CL/2001