



CLAIM FORM: PUBLIC LIABILITY ACCIDENT REPORT

Form with sections: Insured, Description of accident, Notification of previous accidents, Witnesses, Property damage, Personal Injuries, Claim. Includes fields for Policy Number, Date & Time, Name & address of any witnesses, Name of injured person, etc.

Authority of payment INSURED'S BANKING DETAILS	It is recommended that if any amount is payable directly to you, it be transmitted by Electronic Bank Transfer for speedier settlement and security reasons. If you are agreeable to this, please complete and provide the following information	
	Name of Bank	<input type="text"/>
	Account No.	<input type="text"/>
	Account Type	<input type="text"/>
	Branch & Code No.	<input type="text"/>
	Name of account Holder	<input type="text"/>

Declaration	Insured Signature	I / We hereby declare that the above and foregoing particulars to be true in every aspect
		Capacity: _____ Date: _____