

**PERSONAL LIABILITY CLAIM FORM**

1. Complete this form in detail and return it to the Company without delay.
2. A person making a claim against you must not be advised that you are insured or as to the terms and extent of your insurance.
3. All claims made against you must be advised to the Company immediately on receipt and all communications forwarded unanswered to the Company.
4. The Company will subject to the terms and conditions of the Policy undertake your defence in any legal action and all notices or advice of such action must be forwarded to the Company forthwith.
5. The issue of this form must not be considered as an admission of liability on the part of the Company, but is in accordance with the terms and condition of the Policy.

Name of Insurer \_\_\_\_\_ Policy Number \_\_\_\_\_

**Insured**

Name of Insured \_\_\_\_\_  
 Occupation \_\_\_\_\_ ID Number \_\_\_\_\_  
 Address \_\_\_\_\_

**Particulars of Accident**

Date of accident \_\_\_\_\_ Time \_\_\_\_\_  
 Exact place where accident happened \_\_\_\_\_  
 Explain fully how accident happened \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Third Party**

Name of person injured or owner of property damaged \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or occupation \_\_\_\_\_

**Please give full details of**

i) Personal injuries \_\_\_\_\_  
 \_\_\_\_\_  
 ii) Damage to property of Third Parties \_\_\_\_\_  
 \_\_\_\_\_  
 iii) If damage caused to motor vehicle, please complete:  
 Manufacturer \_\_\_\_\_ Model \_\_\_\_\_  
 Year Model \_\_\_\_\_ Vehicle Registration Number \_\_\_\_\_  
 Location of damages on vehicle \_\_\_\_\_

**Witness**

Please give name and address of any witness. (If none were obtained, please state whether any were available and reason for not providing particulars.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Police**

Police station and reference no. \_\_\_\_\_ Date reported \_\_\_\_\_

**Other Insurances**

Have you any other insurance in force in  
respect of this occurrence? \_\_\_\_\_  
If so, give particulars \_\_\_\_\_  
\_\_\_\_\_

**Property Owners**

(To be completed only if claim is under Property Owners' Policy)

Name and address of your tenant \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**Sketch Plan**

(To be completed whenever applicable)

**Declaration**

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that The Hollard Insurance Company Ltd have been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

---

Insured's Signature

Capacity

Date