

**THIRD PARTY (PUBLIC LIABILITY) INSURANCE**

**Accident**

Assureds Name (In Full)			
Address (In Full)			
Occupation			
Telephone Number(s)			
Accident Date (If applicable)	Accident Time	Accident Place	
By whom was the accident reported to you			
When was accident reported to you: Date		Time	
Was the accident due to any breakdown or defect in ways, works machinery or plant?		If so, please give details.	
Can the accident be attributed to fault or negligence?		If so, whose?	
Was he / she employed by you?		If not, by whom employed	
Describe fully how the accident occurred (continue on back of form if necessary)			

**Underground Services**

What precautions were taken to prevent this accident?	
Were underground plans obtained? If so, please enclose a copy and confirm the date applied for.	

**Personal Injuries**

Please set out on reverse sketch plan (if appropriate)	
Name of injured person (If applicable)	
Address of Injured Person	
Occupation of Injured Person.	
Contact Name & Tel No. of injured person	
By whom is this person employed (if applicable)	
Nature and extent of injuries (if applicable)	
If taken to hospital, please state name and address thereof	

### Property Damage

Name and address of owner of property	
Particulars of Property	
State nature of damage sustained	

### Witnesses

Give name and addresses			
Are any of these witnesses in your employment? If so, please state whom			
Did a Police Officer witness the accident or take particulars?		Officers Number and Station	

### Claim

Has any claim been made on you either verbally or in writing?	
If so, please give details and enclose any Third Party Communications	

I / We certify the particulars supplied herein to be true to the best of my / our knowledge and belief.

Date .....

Assured's Signature .....

N.B You are reminded that in circumstances should you admit any liability or make any offer or enter into any correspondence in connection with any incident which may result in a claim under your policy.