



THIRD PARTY (GENERAL) ACCIDENT

FOR OFFICIAL USE ONLY
Claim No.
Expiry Date
Code

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. Business	Name of Insured Tel. No.
	Address	
2.	Date, hour and place of accident	
3.	Cause and full description of accident (Please provide incident report and photographs)	
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 or 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.	Have 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.	Witnesses of accident - Name	
	Address	
11.	Which police station the accident was reported; the relevant case number and statement, 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 _____ AUTHORIZED SIGNATURE _____