

## Policy Holder

Name:

Policy No

Tel:

Address:

Email:

Public Liability and General  
Third Party Accident Report

This report is made in the bona fide belief that litigation may ensue and to enable the Owners, Representatives, Solicitors, and/or Agents to conduct such litigation and advise in relation thereto.

Insured's Name and Address:

Business Address:

As above

Telephone No:

Policy No:

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Particulars of Accident:

Date:

Time:

Place:

FULL DETAILS AND DESCRIPTION OF ACCIDENT:

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Who caused the accident?

Name:

Address:

Employers:

Has any Accident due to the same cause happened before? If so, give details....**YES / NO**

See brokers, W H & R McCartney, St Leonards House, 110/112 Hamilton Rd., Motherwell

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What was the nature of injury or damage sustained by Third Party?

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If the claim is in respect of loss of or damage to property belonging to the claimant, state approximate value of the loss or damage:

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To whom was complaint first made and by whom?

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Give the name and address of Third Party and if possible, his/her occupation:

Give name and addresses of any Witnesses, and state whether or not they are in you employ

Have you received any claim? If so, from whom?

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Was the matter reported to Police? If so, give Officers No and Station:

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WHERE APPROPRIATE PLEASE GIVE A SKETCH OF THE ACCIDENT.

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I/We declare the foregoing to be correct according to our information and belief.

Date ..... Signed.....