



THIS FORM MUST BE COMPLETED AND RETURNED IMMEDIATELY WHETHER A CLAIM WAS MADE OR NOT.

**A. INSURED DETAILS**

Mr.   
 Mrs.   
 Miss.

1. First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address (Home, Street, Parish, Country) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
 Home telephone number Work telephone number Cellular

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2. Policy Number \_\_\_\_\_ Broker/Agent \_\_\_\_\_ Renewal Date DD/MM/YYYY

3 a) Place of Accident \_\_\_\_\_ b) Date DD/MM/YYYY c) Time HH/MM

4. Date Accident was reported DD/MM/YYYY Time Accident was reported HH/MM Who reported the Accident? \_\_\_\_\_

**B. INJURED**

5. a) Name of injured person or owner of property damaged \_\_\_\_\_ b) Is he or she in your service? YES  NO  c) What is his or her usual occupation? \_\_\_\_\_

d) Length of service \_\_\_\_\_ e) Age \_\_\_\_\_ f) Marital Status \_\_\_\_\_ g) Average weekly wage after deductions for tax and National Health Contribution \$ \_\_\_\_\_ h) Date of return to work DD/MM/YYYY

6. If injured person is not in your service, please give particulars of employer, if known.  
 \_\_\_\_\_  
 \_\_\_\_\_

7. State fully, nature and extent of injury or damage.  
 \_\_\_\_\_  
 \_\_\_\_\_

8. If the accident was due to a defect in premises occupied by you, who is responsible for maintenance and repairs?  
 \_\_\_\_\_

**C. ACCIDENT**

9. a) Explain how the accident occurred. (If due to any defect in machinery or plant, give nature of defect. Defective parts should be retained)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b) Was injured person performing a duty for which he was employed? YES  NO  c) Was he / she disobeying any rule or YES  NO  d) Who was in charge? \_\_\_\_\_

e) Was the accident due to another person's negligence? If so give particulars.  
 \_\_\_\_\_  
 \_\_\_\_\_

10. a) Names and addresses of witnesses of accident  
 \_\_\_\_\_  
 \_\_\_\_\_

b) Particulars of police, if any, who took details  
 \_\_\_\_\_  
 \_\_\_\_\_

11. Has any communication, verbal or written been made to you by or on the behalf of the injured person or the owner of damaged property. YES  NO

I/We hereby declare that the above particulars are true & correct to the best of my/our knowledge and belief.

Date DD/MM/YYYY Signature of Insured \_\_\_\_\_