



# PUBLIC LIABILITY CLAIM FORM

## Details of Personal Injuries

Name						
Address						
Telephone	Home		Work		Cell	
Age of injured			Details of injuries			

## Relationship Details

If any person named above is in your service, or your tenant, or related to you, give full details						
Name						
Address						
Telephone	Home		Work		Cell	

## Claim

If a claim has been, or is being made against you, give details and attach any correspondence						
Name						
Address						
Telephone	Home		Work		Cell	

Description of incident	Describe exactly how the incident occurred

## Declaration

I hereby declare the foregoing particulars to be true in every respect.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Name: \_\_\_\_\_ Witnessed By: \_\_\_\_\_

Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_ Tel: \_\_\_\_\_