



Insurance for Industry & Commerce

Legal Liability Claim Form

Policy Holder Details

Insured name:

Address:

Telephone:

Home:

Business:

Broker Details

Name and address
of your broker:

Damage or Injury Details

Date and time of damage or injury:

Place where the damage or injury occurred:

Explain in full how the damage or injury happened: (Attach any relevant documentation)

In your opinion, who was responsible for the damage or injury? *(Give reasons)*

Third parties

State details of damage or injury to third parties:

Name:

Address:

Description and extent of damage or injury:

Estimated cost of damage:

\$

Have you received or do you anticipate receiving, notice of any claim from or on behalf of third parties? Yes/No

If yes, give full details:

Have you made any admission of liability or any statement concerning liability? Yes/No

If yes, give full details:

Witnesses

Were there any witnesses to the damage or injury? Yes/No

Name	Address	Telephone no.

When and by whom was the damage or injury reported to you?

