



**GUARDIAN GENERAL**  
I N S U R A N C E L I M I T E D

**Head Office:** Princes Court, Keate Street, Port of Spain, Trinidad & Tobago, W.I.  
**Branch Office:** 17-19 Independence Avenue, San Fernando, Trinidad & Tobago, W.I.  
**Telephone:** (868) 625-4GGL • **Fax:** (868) 623-4320 • **Website:** [guardiangenerallimited.com](http://guardiangenerallimited.com)

**NOTICE OF ACCIDENT - PUBLIC LIABILITY INSURANCE**

(This form is NOT to be used for vehicle accidents)

**NOTE:** This form should be completed and returned to us as soon as possible, whether or not a claim is being made.

**(DO NOT DISCLOSE THAT YOU ARE INSURED)**

**POLICYNO.:**

**CLAIM NO.:**

Name of Insured \_\_\_\_\_

Address \_\_\_\_\_

Occupation/Business \_\_\_\_\_

Telephone No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

1. State carefully:

Date of Accident \_\_\_\_\_

Time \_\_\_\_\_

Place where accident occurred \_\_\_\_\_

2. Give full details of how  
accident occurred

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Give Names and Addresses of all Witnesses  
(State if your employee or independent)

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4. At the time of the accident what work  
were you or your employees engaged to do?

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Name and Address of person who caused  
or who was to blame for the accident

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Name and Address of person's Employer  
if not you

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5. Were particulars taken by the Police?

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If 'yes', give Name and Number of  
Officer and Address of Police Station

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6. Do you have any other Policies covering  
you for this accident?

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If 'yes', give particulars.

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**PARTICULARS OF POSSIBLE CLAIMANT**

7. Name

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Address

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State nature of injury or damage

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8. Have you received notice of a claim?  
If 'yes', from whom and in what form?

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Date notified

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If claim is in writing please forward  
with this form

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I/We hereby declare the foregoing particulars to be true and correct: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Insured: \_\_\_\_\_