



UNITED INSURANCE COMPANY LIMITED

UNITED INS. CENTRE LR. BROAD ST., BRIDGETOWN, BARBADOS, W.I.

HEAD OFFICE / AGENT _____

POLICY NO.

PUBLIC LIABILITY ACCIDENT REPORT FORM

Policy Holder/s

Name _____ Occupation/Business _____
Address _____ Telephone No. _____
Person to contact - Mr/Mrs/Miss _____

The Occurrence

Date Time a.m./p.m Place
When Reported Reported to By

Third Party/Parties

1. Name & Address _____
Injuries/Property damage/loss - give details. _____
2. Name & Address _____
Injuries/Property damage/loss - give details. _____

Circumstances of Accident or Loss

Witnesses Names & Addresses _____

If you or the claimant has any insurance covering the damage or loss, please give name and address of insurers.

Has any claim been made on you following this accident or loss? NO YES VERBAL WRITTEN
(Please cross through those boxes that do NOT apply)

Please continue overleaf

PLEASE ANSWER ALL APPROPRIATE QUESTIONS.

General

1. If the accident arose from the action of a direct employee, please give name and address.

2. If the accident arose from the action of a sub-contractor or his employee, please give details.

3. Who was in charge at the time?

4. If the accident was due to a defect in machinery, plant, or equipment, please state nature of defect.
(THE DEFECTIVE ITEM SHOULD BE RETAINED IN SAFE KEEPING)

Premises

(please cross through the boxes that do NOT apply)

1. Was the accident due to any defect in the building? Yes No or in the contents? Yes No

2. If due to any defect, who is legally responsible for maintenance and repair?

3. What precisely was the defect?

4. If the owner does not occupy the premises, was the defect reported to him? Yes No If so, was it reported in writing Yes No or verbally Yes No , and when?

Hotels and Similar Establishments

1. If the claim is for loss of guest's property and has been reported to the police, please give details of Police Station and date/time reported.

2. Is the claimant a Hotel Guest/Timesharer/Condominium Unit Owner/Town House Resident? If so, delete those that do NOT apply. If none applies, please indicate the category.

3. If a Hotel Guest, is the statutory notice displayed in accordance with the Hotel Proprietor's Act 1975-2 and, if so, where?

4. Had the lost property previously been tended to the Reception area for safe keeping and refused?

If so, why?

ANY WRITTEN COMMUNICATION MUST ACCOMPANY THIS FORM AND ANY FURTHER COMMUNICATION MUST BE IMMEDIATELY FORWARDED TO THE COMPANY UNANSWERED.

I/We hereby declare that to the best of my/our knowledge and belief, the foregoing statements are fully and truly made.

Date _____ Insured's Signature