

298 IKORODU ROAD, ANTHONY LAGOS

TEL: 019054819

PUBLIC LIABILITY INSURANCE FORM

1. Name of Insured: _____
 - i. Address: _____
 - ii. Policy No _____ Phone No: _____
2. State carefully the following details below:
 - i. Date of Accident: _____ Time: _____
 - ii. Place where accident occurred: _____
3. Give full details how accident occurred: _____

4. Give Name and Address of all witnesses: (State if own employee or independent)

5. What work were you or your employees engaged to do? _____

 - i. Name and Address of Person who caused or was to blame for the accident: _____

 - ii. Name and Address of this employer if other than the insured: _____

6. Were particulars taken by the police? _____
 - i. if so, give number and station of officer taking particulars: _____
7. Do you hold any other policies covering you for this accident? _____
 - i. if so, give particulars: _____

PARTICULARS OF POSSIBLE CLAIMANT

8. Name: _____

i. Address: _____

ii. State nature of injury or damage: _____

9. Have you received Notice of claim? _____

i. If so, from whom, when and in what form? _____

ii. If claim in writing please forward with form _____

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

Signature: _____

Date: _____