



**TOKIO MARINE**  
INSURANCE GROUP

Claim Form  
**Public Liability**

Claim No. \_\_\_\_\_ Agency: \_\_\_\_\_ Policy No: \_\_\_\_\_

1. (a) Name of Insured (in full) \_\_\_\_\_

(b) Business \_\_\_\_\_

(c) Address \_\_\_\_\_

2. **Particulars of Accident:**

(a) Where it occurred? \_\_\_\_\_

(b) Date

D	D	M	M	Y	Y	Y	Y		

Time \_\_\_\_\_

(c) Describe fully how it happened  
\_\_\_\_\_  
\_\_\_\_\_

(d) Names and Addresses of Witnesses. (It is most important that the name of every witness should be furnished) :

1. \_\_\_\_\_ of \_\_\_\_\_

2. \_\_\_\_\_ of \_\_\_\_\_

3. \_\_\_\_\_ of \_\_\_\_\_

4. \_\_\_\_\_ of \_\_\_\_\_

(e) Which of these witnesses are in your employ?

1. \_\_\_\_\_ 2. \_\_\_\_\_

(f) If the accident could have been prevented, state what precaution might have been taken .

3. **If accident arose from negligence of one of your employees:**

(a) State his/her Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

(b) What act of negligence is alleged against him/her?  
\_\_\_\_\_

(c) Do you consider he/she was negligent?  
\_\_\_\_\_

(d) If so, in what respect?  
\_\_\_\_\_

(e) Do the witnesses blame him/her?  
\_\_\_\_\_

(f) Does the person admit he/she was at fault?  
\_\_\_\_\_

(g) Was the accident contributed to or caused by negligence on the part of the injured person?

(h) If so, in what way was he/she negligent?

(i) Had he/she a right to be where he/she was?

4. If accident attributed to defect in your premises or plant?

(a) State nature of defect alleged

(b) Do you admit a defect?

(c) Were you aware of the defect before the accident?

(d) If so, what steps had you taken to remedy it?

(e) Have you authorised any alteration or repair since the accident?

(f) If so, of what nature?

(g) What protection, guard or fencing existed at the place where the accident occurred, with the object of preventing accident?

(h) Do you consider that the place was properly and sufficiently protected?

5. Particulars of Third Party Injury of Damage:

(a) Name \_\_\_\_\_ Age \_\_\_\_\_ of \_\_\_\_\_

(b) Occupation \_\_\_\_\_ (c) Nature of Injury \_\_\_\_\_

(d) Name \_\_\_\_\_ Age \_\_\_\_\_ of \_\_\_\_\_

(e) Occupation \_\_\_\_\_ (f) Nature of Injury \_\_\_\_\_

(g) If the injured person's employer is your sub-contractor does the contract include a provision to indemnity you against accident to his employees?

(h) If in the employ of a person to whom you are sub-contractor, does your Contract include an indemnity to the principal contractors?

(i) Owner of Property damaged \_\_\_\_\_ of \_\_\_\_\_

(j) Nature and extent of damage \_\_\_\_\_

(k) Has a claim been made upon you in respect of this accident? if so, for what amount?

(To be sent herewith if in writing)

(Please attach a plan of the scene of the accident)

We/I hereby declare that the foregoing particulars are true in every respect.

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

Name: \_\_\_\_\_

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

Company Stamp (if applicable) \_\_\_\_\_

Designation: \_\_\_\_\_