

Liability Claim Form

Personal Details	
Full Name:	
Policy/Membership Number:	
Occupation (including part-time):	
Postal Address:	
Daytime Telephone Number:	
Email:	
Loss or Damage	
Address where accident occurred:	
Date and Time of Incident:	
Please provide the name and address of your household insurers, policy number and details of any other insurance policies that might cover this loss.	
Have you had any previous losses under this or other similar insurance policies? If so, please give details.	
Please provide the name and address of the owner of the damaged property or injured person(s).	
Please provide names and addresses of any witnesses.	
Do you consider yourself liable? If Yes, explain why. If No, who do you consider to blame and why?	

