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CLAIM NO. _____

PUBLIC LIABILITY CLAIM FORM

IF YOU RECEIVE ANY COMMUNICATIONS ABOUT THIS ACCIDENT, PLEASE DO NOT ANSWER THEM BUT SEND THEM AT ONCE TO THE COMPANY: AND PLEASE DO NOT ADMIT THAT YOU OR YOUR EMPLOYEES WERE AT FAULT, OR THAT YOU ARE LIABLE FOR THE ACCIDENT

Name _____ Policy Number _____
Address _____ Date of payment of the last premium _____
Business or Occupation _____ Telephone Number _____

1. Please give the following information about the accident.

(a) When did it happen? At _____ a.m/p.m on _____

(b) Where did it happen? _____

(c) How did it happen? (Please give a rough sketch if possible _____

2. Please give the following information about the job at which the accident occurred

(a) Are you the head contractor? _____ If not, who is? _____

(b) Was anyone other than yourself or employee involved? _____

If so, please give names and addresses and state by whom employed

3. Do you think that (i) you or any of your employee (s) was to blame? _____

(ii) some other person was to blame? _____

4. Has any other accident ever occurred to any person, or damage been done under similar circumstances at the same place? _____

5. Did the police (i) witness the accident? _____ (ii) take any evidence or particulars _____

6. Please give the names and addresses of any witnesses: _____

(i) Your own employees _____

(ii) Other _____

7. (a) Was there any damage to property? _____ (b) if so, please give

Name and address of the property owner _____

Damage _____

8. (a) Was anyone injured? _____ (b) if so, please give

Name and Address _____

Injuries _____

9. (a) Has any claim been made upon you? _____ (b) if so, by whom? _____

I/We declare that the foregoing answers are true and complete that I/We hold no other policy indemnifying me/us in respect of this claim.

I/We request you to deal on my/our behalf with the third party claims arising herein, in accordance with the terms and conditions of the above mentioned policy, and I/we authorize you and your solicitors on my/own behalf to make such admission and settlements and give such consents as you may consider necessary for the disposal of such claims and litigation arising therefrom.

Date _____ Insured's Signature _____