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## PUBLIC LIABILITY

PLEASE ANSWER EACH OF THESE QUESTIONS COMPLETELY

### Section B: details of accident

1. Date and time of accident: \_\_\_\_\_ (mm/dd/yy) at \_\_\_\_\_ (a.m./p.m.)
2. Location of accident: \_\_\_\_\_
3. How did the accident occur? *(continue overleaf if necessary)*: \_\_\_\_\_  
\_\_\_\_\_
4. Names and addresses of witnesses, stating in each case whether the witness is your own employee or independent *(continue overleaf if necessary)*:  
\_\_\_\_\_  
\_\_\_\_\_
5. What type of work were you or your employees engaged to do? \_\_\_\_\_  
\_\_\_\_\_
6. Do you consider yourself negligent? \_\_\_\_\_
7. Name and address of the person who in your opinion was to blame: \_\_\_\_\_  
\_\_\_\_\_
8. Name and address of his/her employer if other than the insured: \_\_\_\_\_  
\_\_\_\_\_
9. If particulars were taken by the police, state police station and case number: \_\_\_\_\_  
\_\_\_\_\_
10. Details of any other policies covering you for this accident: \_\_\_\_\_  
\_\_\_\_\_
11. Names and addresses of possible claimants: \_\_\_\_\_  
\_\_\_\_\_

