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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: _____
