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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: _____

12. Nature of injury or damage: _____

13. (a) Have you received any claim?

Yes No

(b) If so, from whom and in what form?

If the claim is in writing, please attach to this form.

Declaration

I/we hereby declare that the foregoing particulars are true and correct in every respect.

Signature of employer: _____ **Date:** _____ (mm/dd/yy)

Company stamp:

Please use this space to record additional details, quoting the question number referred to.

No.	Additional details