



**Registered Office**  
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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