



Registered Office
PO Box CP5702
Orange Park Commercial Centre
Bois D'Orange, Gros Islet, St. Lucia
(t) +1 758 452 8334/758 458 0092
(f) +1 758 452 9492
stlucia@beacon.co.tt
beacon.co.tt

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