



Sagicor General Insurance Inc.

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**NOTICE OF ACCIDENT –
 PUBLIC LIABILITY INDEMNITY**

(PLEASE COMPLETE ALL DETAILS ON THIS PAGE / PLEASE WRITE IN BLOCK LETTERS AND TICK CORRECT ANSWER BOXES)

STATEMENT OF AND PARTICULARS OF CLAIM

(Not To Be Used For Vehicle Accidents)

NOTE: This Form should be completed and returned to the Company as soon as possible, whether or not a claim is being made. If the claim is received from a Third Party the same should be merely acknowledged stating the matter is receiving attention.

DO NOT DISCLOSE THAT YOU ARE INSURED

1. Date and Time of Accident	Date: Time:..... a.m. p.m.
2. How did the accident occur? (Full details must be given, illustrated by a rough sketch, if necessary. The reversed side of this form may also be used).	
3. Describe fully the nature and extent of the injury and damage resulting to Third Parties:	
4. (a) Describe the plant or tackle, owned by you involved in the accident. (The pieces of the broken plant must be preserved).	
(b) Was there any defect therein? If so, give particulars:	
(c) Had any notice of defect been given to you or your agent prior to the accident?	
5. (a) By whom was the Accident reported to you?	
(b) Date of which the Accident was reported to you?	
6. Give the Names and Addresses of all witnesses*	
(a) Own employees:	
(b) All others:	
7. Has the Accident been reported to the Police? If so, please give particulars	
8. (a) Full Name of the Person injured or Owner of the Property damaged:	
(b) Address:	
(c) Occupation:	
(d) Was he/she employed by you at the time of the Accident?	
9. (a) Has any complaint or claim been made?	
(b) If so, by whom and in what manner?	
(c) Give full particulars and forward any correspondence:	
10. Policy No.	
Date of payment of last premium	

I/We hereby declare that the above particulars and answers are true and complete in every respect.

Name of Insured:
 Address:
 Telephone No.: Business:
 E-mail: Vat/B.I.R.#:
 Signature of Insured: Date:

***IT IS IMPORTANT THAT THE NAMES AND ADDRESSES OF WITNESS SHOULD BE OBTAINED BY THE INSURED, WHETHER OR NOT HE THINGS HE MAY BE LIABLE**