



No. C551/4 Cola Street Adjacent ATTC, Kokomlemle, P. O. Box 7532, Accra-North
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PUBLIC LIABILITY CLAIM NOTIFICATION FORM

A. POLICYHOLDER DETAILS

Name of Insured:.....

Policy Number:.....

E-mail Address:.....Postal Address:.....

Telephone Number:.....Business/Occupation:.....

B. DETAILS OF ACCIDENT

1. Date of Incidence:..... Time:.....

2. Exact place where Accident/Loss occurred:.....

3. Give full details of how the accident occurred:.....

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4. Name and Address of the Person who caused the Accident:.....

.....

5. Name and Address of his/her employers:.....

.....

6. Was the Accident caused by any defect in your Premises, Plant or machinery?.....

If yes, state exact nature of defect:.....

.....

8. Was the accident caused through or by any of your employees?.....
If yes, state names occupations and how long in your service:.....

9. Describe the work you or your employees were engaged to do at the time of the incidence:
.....
.....

10. Name and Address of the Company/Person for whom you were working for and/or under contract:.....
.....

11. Who are the Main Contractors?.....
.....

C. GENERAL INFORMATION

Damage:

12. If the Property of any person other than that of an employee has been damaged, state:
Name and address.....
Occupations:.....

Description of the property damaged:.....
.....
.....

Nature and extent of the damage:.....
.....
.....

Where can the damaged property be inspected?.....
.....

13. Has any claim been made upon you?..... If yes, for what amount?.....
.....

Injury:

14. If any person other than an employee was injured, state: Names/Age/Addresses/Occupations
.....
.....
.....

15. Nature and Extent of Injuries:.....
.....
.....

16. Name and address of Employer (if any):.....
.....

Date ceased work:..... Date resumed:.....

17. Name of the hospital to which the injured person was taken to:.....
.....

D. WITNESSES

18. Give the name and address of all witnesses: (indicate if own employee or independent):
.....
.....
.....

19. Was the incident reported to the Police? If yes, State the Name of the
Police StationName/Telephone Number of Police
Officer:.....

20. Have you received notice of the claim? Yes/No

21. Have any steps been taken to compromise or settle the matter in anyway? Yes/No

22. Are there any other policies covering you for this accident? If yes, give details:.....
.....

Any written communication received should be forwarded immediately unanswered.

E. DECLARATION

I/We.....
Position:..... of
the insured and on behalf of the insured declare the above answers to be true and correct AND acknowledge that the
insurer may make its decision on indemnity having regard to these answers.

Signature:..... Date :.....