

## IGI GENERAL INSURANCE LIMITED

### PUBLIC LIABILITY CLAIM FORM

#### 1. Insured

Please complete the form as fully as possible

Claim Number

Name

Policy Number

#### 2. Details of claims and claimant

Incident circumstances and details of loss / injury / damage suffered

Title

Initial

Surname

Address

Postcode

Phone number

Department

Occupation

Employment status

#### 3. Incident date and time

Date and time of incident

Date

Time

For gradually occurring incidents such as damp, please state period of the alleged exposure

From to

#### 4. Location of incident

Is the land / property within your ownership?

If not, please state your involvement / responsibilities

Address

Postcode

#### 5. Claimant representative (if applicable)

Name

Reference

Address

Postcode

Phone number

#### 6. Contractors details (if applicable)

Name

Reference

Address

Postcode

Phone number

Claim Number

Claim Number	
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**7. Documentation** - Please forward all relevant documentation.

Tenancy agreement		Meeting minutes	
Inspection record		Accident book entry	
Maintenance records		Contractors agreement	
Letter of claim from claimant / representative		Any other relevant documentation	

**8. Additional claim details**

If personal injury state injury	
If property damage state damage	
If property damage state type of premises	
If property damage state location	
Nature of loss	
What caused the injury / loss?	

**9. Additional information and declaration**

Any additional information which may be relevant			
By submitting this completed form I declare that all answers are true and correct	Date		
Contact name	Job Title		
Address			
Postcode	E-mail address		
Phone number	Your reference		
		Claim Number	