



GEMINIA INSURANCE CO. LTD
6TH FLOOR
GEMINIA INSURANCE PLAZA
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PUBLIC LIABILITY CLAIM NOTIFICATION

1. POLICY HOLDERS'S NAME & ADDRESS.....
.....
2. BUSINESS.....
3. LOCATION.....
4. DATE OF ACCIDENT.....
5. DATE INSURED WAS NOTIFIED AND BY WHOM.....
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.....
6. NAME OF WITNESSES AND ADDRESSES
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7. HOW DID THE ACCIDENT /INJURY/DAMAGE TAKE PLACE.....
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8. WHOSE NEGLIGENCE CAUSED/CONTRIBUTED TO THE ACCIDENT /INJURY / DAMAGE
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9. WHAT WAS THE INJURED DOING IN YOUR BUSINESS

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10. WAS THE ACCIDENT /INJURY / DAMAGE REPORTED TO THE POLICE

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11. WAS THE INJURED PERSON TAKEN TO A HOSPITAL OR MEDICAL PRACTITIONER, IF YES GIVE NAME

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I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief.

Date.....

Signed.....