GEMINIA INSURANCE COMPANY LIMITED
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GEMINIA INSURANCE CO.LTD.

PUBLIC LIABILITY
CLAIM NOTIFICATION

INSTRUCTIONS:

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters in the applicants own handwriting or dictation

1. Policy holders name & address _____

_____

2. Business _____

3. Location _____

4. Date of accident _____

5. Date insured was notified and by whom

_____

_____

6. Name of witnesses and addresses

_____

_____

_____

_____

7. How did the accident /injury/damage take place

_____

_____

_____

8. Whose negligence caused/contributed to the accident /injury / damage

_____

_____

_____

_____

9. What was the injured doing in your business

10. Was the accident/ injury / damage reported to the police

11. Was the injured person taken to a hospital or medical practioner, if yes give name.

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 _____