PUBLIC LIABILITY REPORT FORM

TRUSTCO claims company

INSURER		**POLICY NUMBER**	**VAT REG NUMBER**
INSURED	Name & Occupation / Business		
	Address & Phone No.		
DESCRIPTION OF ACCIDENT	Date & Time		
	Place where accident occurred		
	State exactly how the accident occurred		
WITNESSES	Name, address & Phone no.		
	Name, address & Phone no.		
POLICE	Police Station		
	Police Reference No.		
	Date Reported		
PROPERTY DAMAGED	Name & Address of Owner		
	Description of Damage		
PERSONAL INJURIES	Name, Address & Age of Injured Person		
	Details of Injuries		
	Name, Address & Age of Injured Person		
	Details of Injuries		
	Name, Address & Age of Injured Person		
	Details of Injuries		
RELATIONSHIP	If person named above is in your service, or your tenant, or related to you, give full details		
CLAIM	If claim made against you give details and attach any correspondence		

DECLARATION & STATEMENT

I/We acknowledge the sharing of claims information by insurers is essential to enable the insurance industry to underwrite policies and assess risks fairly and to reduce the incidence of fraudulent claims. In the public interest and with a view to limiting premiums, I/We waive any right to privacy in any insurance or claims information supplied by me or on my behalf in respect of any insurance application or claim made or lodged by me/us and I /We consent to such information being disclosed to any other insurance company or its agent. I /we also waive any rights to privacy and consent to the disclosure of any information relevant to any insurance claim concerning me or any insured person I/We represent.
I/We further declare that all particulars to be true in every respect and correct and I/We understand that if any claim lodged under this policy be in any respect fraudulent or if any fraudulent means or devices be used by me/us or anyone acting on my/our behalf or with my/our knowledge or consent to obtain any benefit under this policy or if any event be occassioned by the wilful act or with the connivance of me/us, the benefit afforded under this policy in respect of such claim shall be forfeited.

Insured's Signature	Capacity	Date