



An affiliate of VICTORIA MUTUAL

BRITISH CARIBBEAN INSURANCE COMPANY LIMITED

Head Office: 36 Duke Street, P.O. Box 170, Kingston, Jamaica, W.I.

Tel: (876) 922-1260, (876) 618-2242; Fax: (876) 922-4475

NOT TO BE USED FOR MOTOR VEHICLE ACCIDENTS

NOTICE OF ACCIDENT – PUBLIC LIABILITY INSURANCE

NOTE: - This form should be completed and returned to the Association as soon as possible, whether or not a claim is being made.

DO NOT DISCLOSE THAT YOU ARE INSURED

1. Name of Insured: _____ Phone No. _____
Address: _____ Policy No. _____
Occupation: _____

2. State carefully: Date of accident: _____ Time: _____
Place where accident occurred: _____

3. Give full details of how accident occurred: _____

4. Give Names and Addresses of all Witnesses: (State if own employee or independent)

5. What work were you or your employees engaged to do? _____
Name and address of person who caused or who was to be blamed for the accident: _____
Name and address of his employer if other than Insured: _____

6. Were particulars were taken by the Police? _____
If so, give number and station of Officer taking particulars _____

7. Do you hold any other policies covering you for this accident? _____
If so, give particulars _____

PARTICULARS OF POSSIBLE CLAIMANT

8. Name: _____
Address: _____
State nature of injury or damage: _____

9. Have you received notice of Claim? _____
If so, from whom, when and in what form? _____
If claim in writing, please forward with this form.

I/We hereby declare the forgoing particulars to be true and correct.

Signature _____ Dated this _____ day of _____ 20_____