

## PUBLIC & PRODUCTS LIABILITY CLAIM FORM

Insurer's Claim No.

Broker Ref. No.

### IMPORTANT NOTICE

- Please read this Claim Form prior to answering the questions.
- All questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentations should be attached.
- If you have any questions in relation to completion of the Claim Form, please contact Pacis Insurance Company Limited or your broker.
- Appointment of legal representation should not occur without the prior consent of Pacis Insurance Company.
- You are reminded that in no circumstances should you admit any liability or make any offer of settlement or enter into any correspondence without prior consent from PacisInsurance Company Limited.

Inaccurate responses will lead to delayed processing of your claim.

### 1. POLICY HOLDER

Name

Mobile No. (Main)

Mobile No. (Alternative)

Residential Address

Area

Street/Road

LR/Plot No.

P.O. Box

Code

Town/City

ID / Passport

Email

Policy Number

KRA PIN

Occupation

Period of Insurance; From (DD/MM/YYYY)

To (DD/MM/YYYY)

### 2. REPORT OF INJURY AND/OR DAMAGE

Particulars of occurrence likely to or has resulted in personal injury or property damage or loss claim:

Date of occurrence (DD/MM/YYYY)

Time of occurrence

Exact place of occurrence

What happened and how did it occur?

Particulars of occurrence likely to or has resulted in

Personal injury

or Property damage

or loss claim:

Please give details

Was the accident due to:

Any individuals                      Property                      Plant or Equipment                      Motor Vehicle Please give details  
Please give details

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**3. WITNESS**

Witness Name	Address	Relationship

Name And Address Of The Police Station Where The Incident Was Reported To, If Any:

Date of report (DD/MM/YYYY)                      Time of report

Police Report Number, if any

Name and address of person injured or owners of property damaged.

State nature of personal injury or property damaged or loss sustained

With regard to damaged property or loss, has any estimate of cost become available?                      Yes                      No

If so, please give details.

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**4. CLAIM**

Has a report of personal injury, property damage or loss been made to you by a Third-Party Claimant?                      Yes                      No

If so, by whom?                      and when? (DD/MM/YYYY)

Has any demand for injury, property damage or loss been made against you?                      Yes                      No

If so please give details and attach any correspondence/documentation.

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**DECLARATION**

I                      (position)

hereby declare that the foregoing particulars are true and correct to the best of my/our knowledge and belief.

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**DATA PRIVACY**

*I/ We willingly provide my/ our personal information in this Claim Form and consent its use as prescribed in the Pacis Insurance Data Protection Policy (The policy is available on our website [www.pacisinsurance.com](http://www.pacisinsurance.com)) and in accordance with Data Protection Act, 2019.*

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Date of Completion of Claim Form ( DD/MM/YYYY)

First Name                      Middle Name                      Surname

Signature of Insured (and stamp)