



PUBLIC LIABILITY INSURANCE

Claim Form

(Not to be used for vehicle Accidents)

This form should be completed and return to Liberty International Insurance Limited as soon as possible, whether or not a claim is being made

Name of Insured Occupation
(Please state whether Mr./Mrs./Miss or Company)

Address

..... Telephone No - Home Business

Policy No Renewal Date

1. Date and time of accident _____
2. Place where accident occurred _____
3. Details of how accident occurred (continue overleaf if necessary) _____

4. Names and addresses of witnesses (State if own employee or independent) (Continue overleaf if necessary) _____

5. What work were you or your employees engaged to do? _____

6. Whether you consider yourself negligence _____

7. Name and address of person who, in your opinion, was to blame _____

8. Name and address of his/her employer if other than the insured _____

9. If particulars were taken by the Police, Give address of Police Station and Police Case Number _____

10. Give details of any other policies covering you for this accident _____

11. Give name and address of possible claimant _____

12. State nature of injury or damage _____

13. Have you received any Claim? If so, from whom and in what from? If claim is in writing please forward with this form _____

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

Signature (Affix company stamp)

Date



Liberty
InternationalTM
Member of Liberty Mutual Group

Liberty International Insurance Ltd
利寶國際保險有限公司

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**Please use this space to record additional detail and
be sure to quote the question number from side one.**

Number	