



PUBLIC LIABILITY INSURANCE CLAIM FORM

NAME OF INSURED : _____

ADDRESS : _____

TEL / FAX / EMAIL : _____

BUSINESS/OCCUPATION : _____

POLICY NO. : _____

CLAIM NO. : _____

DATE OF ACCIDENT & TIME : _____

PLACE OF ACCIDENT : _____

DESCRIPTION OF ACCIDENT : _____



HAS ANY PERSON INJURED : _____

IF YES (DETAILS) : _____

DETAILS OF DAMAGE TO PROPERTY



الخليج للتأمين التكافلي
AlKhaleej Takaful Insurance

WAS THE ACCIDENT DUE TO CARELESSNESS/NEGLIGENCE ON YOUR PART / YOUR EMPLOYEES :

HAVE YOU IN ANYWAY ADMITTED LIABILITY, IF YES STATE REASONS FOR DOING SO :

HAS THE INCIDENT REPORTED TO POLICE :

WHAT ACTION THE POLICE HAVE TAKEN ATTACH THE POLICE REPORT :

IS THERE ANY OTHER INSURANCE FOR THE SAME RISK :

IS THERE ANY ADDITIONAL INFORMATION THAT MAY BE USEFUL TO INSURERS :

WE UNDERTAKE THAT THE ABOVE PARTICULARS ARE TRUE & CORRECT TO THE BEST OF OUR KNOWLEDGE.

SIGNATURE

STAMP

DATE: _____