



EUROPA
GENERAL
An RSA Group Company

Public Liability Accident Report Form

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This is a confidential document between the Insured and the Insurers prepared for the use of the Company's Solicitors in anticipation of litigation

SECTION A

EMPLOYER

(This section must be **FULLY** completed)

Name of Insured _____ Policy Number _____
(must be given)

Address _____

Contact Name _____ Daytime telephone/mobile no _____

Business _____

Was the injured person in your direct employ or in the employ of a subcontractor? _____

If a contractor, state name and address. _____

Are you VAT registered Yes No

SECTION B

ACCIDENT DETAILS

(This section must be **FULLY** completed)

Date and time of accident: _____

Date accident was first reported to you and by whom (if written notice, please forward same): _____

Location of Accident? _____

Give full details of injury or damage caused to Third Parties: _____

Name and address of injured person or owner of property: _____

Name and address of all witnesses to the accident: _____

Did Police/Gardai or any other official body take particulars? If so, please give details: _____

Please go to page 2 →

