



Africa Merchant Assurance Co. Ltd.

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PUBLIC LIABILITY CLAIM FORM

IMPORTANT NOTICE

1. The insured is required to furnish all the Particulars as fully and accurately as possible.
2. This form is sent without prejudice to the terms and conditions of the Policy and should not be regarded as a waiver by the Company of any breach of the Policy Conditions the Insured may have committed.
3. The acceptance of this form is **not in itself an admission of liability** on the part of the Company
4. If any person has been injured or damage has been caused to a Third Party Vehicle or Property, DO NOT admit liability in any way.
5. Communication of any kind you receive regarding the accident should be sent, immediately and unanswered, to the Company.

A. INSURED:

Policy Number _____

Name of Insured _____

Address _____

Telephone No: _____

B. DETAILS OF ACCIDENT

Date _____ Time _____ am / pm. Place _____

State exactly how the accident happened _____

Who was to blame and why? _____

If plant and / or machinery are used: -

- a. Who was operating it at the material time? _____
- b. To whom does the plant and / or machinery belong? _____
- c. Name of Insurance Company of the plant and / or machinery _____

If accident is attributed to defect in your premises or plant and / or machinery;

- a. State nature of defect alleged _____
- b. Do you admit there was a defect? _____
- c. Were you aware of the defect before the accident? _____
- d. If so, what steps have you taken to remedy it? _____
- e. Have you authorised any alteration or repair since the accident? _____
- f. If NO when will you do it? _____
- h. Are all Statutory obligations observed and complied with? YES NO
- i. If NO specify the discrepancy _____

Give details of negligent employee:

- a. Name _____ Occupation _____
- b. Address _____
- c. How long has he been employed in the job? _____
- d. Was he given any form of training? _____

If he is not your employee, please state:

- a. Name of his employer _____
- b. Name of Insurance Company of Employer _____

C. WITNESSES

NAME	ADDRESS	RELATIONSHIP TO INSURED

D. INJURED THIRD PARTY

a. Name _____ Age _____ Occupation _____

b. Address _____

c. Nature of Injury _____

d. Is there any contributory negligence from the injured person? YES NO

e. If so, in what way was the injured person negligent? _____

f. Name of Third Party's Employer _____

g. Is Third Party's Employer your sub-contractor? _____

h. Does his contract include a provision indemnifying you against accidents to his employees? _____

(Please attach copy of the contract if available)

i. If Third Party's Employer is your Principal Contractor, does your contract include an indemnity to the Principal Contractor? _____

(Please attach copy of the contract if available)

E. DAMAGED THIRD PARTY PROPERTY

a. Description of property damaged _____

b. Nature and extent of damage _____

c. Name and address of owner of the property _____

d. Has a claim been made upon you in respect of this accident? _____

If so, for what amount? _____

(To be sent herewith, if in writing)

DECLARATION

I/We hereby declare that the foregoing particulars are, to the best of my/our knowledge, true in every respect.

Signature & _____
Co. Stamp of insured

Date _____