



# REGENCY ALLIANCE INSURANCE PLC.

RC 223946

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## PUBLIC LIABILITY CLAIM FORM

NOTE: (1) The Issue of this Form does not imply admission of Liability.

(2) The Insured is requested to answer all questions fully and return without delay. Dashes are insufficient.

Policy No.: ..... Claim No.: .....

Branch or Agent.....

Name of Insured.....

Address.....

.....

..... Tel. No.....

Trade or Occupation (If more than one state all).....

Date of accident..... Time..... a.m./p.m.

Place.....

Explain fully how accident occurred.....

.....

.....

.....

When was the accident reported to you?.....

By whom?.....

Did the accident arise from the activities of persons in your direct employ?.....

If so, give names and addresses of employees

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Names and addresses of any other witness(es).....

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Was the accident reported to the police?

Details of officer or station

(Please return to Reverse Side)

Persons (other than your own employees) who sustained injury or damage to property. Please give names and addresses

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Is there any other Insurance indemnifying you in respect of the accident?.....  
If so, give name and address of Insurers.....

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Has any claim been made against you?.....  
If so, give details:.....

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THE FOLLOWING QUESTIONS SHOULD BE ANSWERED IF THE ACCIDENT AROSE OUT OF A DEFECT IN PREMISES

If you are the owner, give name and address of tenant.....

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If you are the occupier, give name and address of owner.....

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.....

What is the net annual rental?.....

For what purpose are the premises used?.....

Are you responsible for repairs?.....

When was the property last inspected?..... By whom?.....

I/We declare that these particulars are true and complete. I/We understand that the information given on this form may be submitted to solicitors for use in connection with any litigation arising out of this accident.

Date:..... Signature of Insured.....

If a Limited Company, give status of signatory.....

**NOTE** Correspondence and claims. All communications and claims received by you concerning the accident are forwarded immediately without acknowledge.