



GUINEA INSURANCE PLC RC1808

10th Floor, Reinsurance House
46 Marina, Lagos

PUBLIC LIABILITY CLAIM

Information on the matters referred to herein is required to enable us and our Solicitors to give advice thereon and to conduct any litigation which may ensue.

Claim No.....Policy No.....Agency.....

This form is issued by the Company on receipt of Notice of an Accident, but its being sent is in no way an admission of a claim.

Insured's name.....

Occupation.....

Address.....

Telephone No..... E-mail Address.....

Date of Payment of last Premium..... Receipt No.....

Where can you be Interviewed?.....

Please give name of principal on whose behalf your operations were being carried out

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Does your Contract include an indemnity to Principals?

PARTICULARS OF ACCIDENT:-

Time	Date	Place of Accident
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Describe fully how it happened.....

.....

.....

Names and Addresses of Witnesses (It is important that the names of every witness should be furnished):

1..... of.....

2..... of.....

3..... of.....

4..... of.....

Which of these witnesses are in your employment?	Nos.
If the accident could have been prevented State what precautions might have been taken	

PARTICULARS OF THIRD PARTY INJURY OR DAMAGE;-

Persons Injured	{ Name..... age..... of.....
	{ Occupation..... Nature of Injury.....
	{ Name..... age..... of.....
	{ Occupation..... Nature of Injury.....

If the injured person's employer is a Sub-Contractor under you, does his Contract indemnify you against accidents to his employees?

{ Owner of property damaged.....
{ Nature and extent of damage

Has a claim been made upon you in request Of this accident? <i>(To be sent herewith if in writing)</i>	
If so, when was it reported to you and for what amount?	

IF ACCIDENT OCCURRED IN CONNECTION WITH, BUT OUTSIDE, YOUR PREMISES;-

Were notes taken by a police officer?	
If so, give his number	
Did he witness the accident?	
If after dark, state what street or other lights were in the vicinity, and their position	
Weather Conditions prevailing at time	

IF ACCIDENTS ALLEGED TO BE DUE TO DEFECT IN YOUR PREMISES OR PLANT:-

State nature of defect alleged

Do you admit a defect?

Were you aware of the defect before the accident?

If so, what steps had you taken to remedy it?

Have you authorized any alteration or repair since the accident?

If so, of what nature

What protection, guard or fencing existed at the place where the accident occurred, with the object of preventing accidents?

Do you consider that the place was properly and sufficiently protected?

IF ACCIDENT ALLEGED TO BE DUE TO INSUFFICIENT LIGHTING OF YOUR PREMISES:-

State number of lights illuminating the place

Their nature, i.e. – whether Electric, Gas, or other illuminant

Their position and distance from spot where accident occurred

IF ACCIDENT AROSE FROM THE TAKING UP OF STREETS OR ROADS:-

State total width of road where accident occurred, exclusive of footpath

Width of footpath

Extent of road closed by your operations at time of accident

If the whole width of the road was closed to Traffic was there a warning board “Road closed” ?

Width

Length

Width

Depth

Length left open

If the accident occurred in connection with a trench, state

How was the trench protected?

If the accident occurred after dark, state whether the spot was lighted by you

State number of lamps and where placed

Were all the lamps burning at the time of the accident?

Give name and address of your watchman

Did he witness the accident?

When do you expect to complete this Contract?

If the damage is to a pipe, cable, or other structure underground, what steps had you taken before opening up the ground to ascertain what pipes or cables were already there?

IF ACCIDENT HAPPENED AFTER YOUR OPERATIONS HAD BEEN COMPLETED:-

If the trench had been filled in or road made up, give date it was done

Was it filled in by YOUR workmen?

Do you contend that the filling in was properly done, and the road left in good condition?

If so, how do you account for the accident?

Has the trench been repaired since the accident?

Was the trench inspected by you in the interim between filling in and the accident?

When.....

By whom?.....

Does an arrangement exist whereby disturbed ground is taken over from you by the Local Authority or other party for permanent reinstatement?

If so, after what period from the date of your giving notice to them of the completion of your work does your responsibility cease?

On what date was notice given by you in this instance?

IF ACCIDENT ALLEGED TO BE DUE TO NEGLIGENCE OF ONE OF YOUR EMPLOYEES:-

State His

Name.....

Address.....

Occupation..... Age.....

What act of negligence is alleged against him?

Do you consider he was negligent?

If so, in what respect?

Do the witnesses blame your man?

Does the man himself admit he was at fault?

Was the accident contributed to or caused by negligence on the part of the injured person?

If so, in what way was he negligent?

Had he a right to be where he is?

A plan of the scene of the accident would be helpful

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

Signature.....

Date.....20.....