



Middlesea Insurance p.l.c.

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PUBLIC LIABILITY/THIRD PARTY ACCIDENT NOTIFICATION

The issuing of this Form is not an admission of liability by the Company. All questions must be fully answered.

The Policyholder should complete fully all sections relevant to the accident. He must not disclose that he is insured to claimants or any other person.

A. POLICYHOLDER

1. Name _____
2. Address _____

3. I.D. Card No. _____
4. Business/Occupation _____
5. Telephone Number _____
6. Telefax Number _____
7. VAT Registration No. _____
8. VAT Status _____
9. Policy Number _____

B. ACCIDENT

1. Date and time _____
2. Please describe the nature of the location of the accident

3. When and by whom was the accident reported to you?

4. Has the accident been reported to the police?
Yes No
5. If yes at which police station and on what date?

6. Was the accident due to the carelessness or negligence of you or your employees? Yes No
7. Have you in any way admitted liability?
Yes No

8. Please give a detailed description of how the accident occurred and (if appropriate) draw a rough sketch to illustrate the circumstances:

9. Please give the names and addresses of all witnesses:

If no witnesses were recorded please state the reason:

C. PERSONS INJURED

Name and Address	Nature of Injuries	Estimated Age	Admitted to Hospital
(1) _____ _____	_____	_____	Yes <input type="checkbox"/>
_____	_____	_____	No <input type="checkbox"/>
(2) _____ _____	_____	_____	Yes <input type="checkbox"/>
_____	_____	_____	No <input type="checkbox"/>

D. PROPERTY DAMAGED

1. Please describe the nature and extent of the damage and if possible estimate the repair cost.

2. Name and address of owners of damaged property _____

3. Name, address and policy number of insurers of damaged property _____

E. THIRD PARTY CLAIMS

1. Has a claim been made against you? Yes No 3. Was the other party to blame? Yes No

2. If yes give details of the nature and amount of the claim _____ 4. If yes give reason _____

5. Has the other party admitted liability? Yes No

6. Please give here any additional information you consider may assist the Company in dealing with the claims against you.

IMPORTANT NOTE:

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all of the information you supply on this form and the proposal form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.

Any communication received regarding the accident must be forwarded to the Company immediately.

I/We declare that all the particulars given are true and complete to the best of my/our knowledge and belief.

SIGNATURE _____

DATE _____