



**INSURANCE MANAGEMENT  
(BAHAMAS) LIMITED**  
INSURANCE AGENTS & BROKERS

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## NOTICE OF ACCIDENT PUBLIC LIABILITY INSURANCE

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**THIS FORM IS NOT TO BE USED FOR VEHICLE ACCIDENTS**

### THE INSURED

Name: \_\_\_\_\_ Policy No.: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_(H) \_\_\_\_\_(W) \_\_\_\_\_(C)  
Employer: \_\_\_\_\_  
Occupation: \_\_\_\_\_

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### THE ACCIDENT

1. Date of accident. \_\_\_\_\_
2. Time of accident. \_\_\_\_\_ : \_\_\_\_\_  AM  PM
3. Where did the accident occur? \_\_\_\_\_
4. What work were you or your employees engaged to do? \_\_\_\_\_  
\_\_\_\_\_
5. Details of how the accident occurred. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
6. Name and address of witnesses  
(state if own employee or independent)

	NAME	ADDRESS
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____
7. Name and address of person who, in your opinion was to blame  
\_\_\_\_\_
8. Name and address of his/her employer if other than the insured.  
\_\_\_\_\_
9. If particulars were taken by the Police, give Number and Station of Officer taking details.

