



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

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NOTICE OF ACCIDENT PUBLIC LIABILITY INSURANCE

THIS FORM IS NOT TO BE USED FOR VEHICLE ACCIDENTS

THE INSURED

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

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.

