PUBLIC LIABILITY CLAIM FORM

POLICY NUMBER : **CLAIM NUMBER :**

INSURED	COMPANY NAME / SURNAME & INITIALS	NAMA PERUSAHAAN	
	COMPANY REGISTRATION No.	KOSONGKAN SAJA/TIDAK PERLU DIISI	
	IDENTITY NUMBER	KOSONGKAN SAJA/TIDAK PERLU DIISI	
	VAT NUMBER	KOSONGKAN SAJA/TIDAK PERLU DIISI	
	OCCUPATION OR BUSINESS		
	PHYSICAL ADDRESS		
	POSTAL ADDRESS		
	TELEPHONE No's	BUSINESS	
		HOME	
INCIDENT DATE & TIME AND PLACE OF OCCURRENCE	DATE AND TIME OF OCCURRENCE		
	PLACE WHERE INCIDENT OCCURRED		
	WHEN WAS THE INCIDENT REPORTED		
	WHERE PREMISES OCCUPIED ?		
	IF OCCUPIED BY WHOM ?		
	IF NOT, WHEN LAST OCCUPIED ?		
	PURPOSE OF OCCUPATION OF		
DESCRIPTION OF INCIDENT	DESCRIBE FULLY WHAT HAPPENED		

		NAME	PHYSICAL ADDRESS	TELEPHONE NUMBER
THIRD PARTY DETAILS	DETAILS OF THIRD PARTY CLAIMANT			
	DETAILS OF LOSS, DAMAGE OR INJURIES			
WITNESSES	DETAILS OF EMPLOYEES WHO WITNESSED THE INCIDENT	NAME	PHYSICAL ADDRESS	TELEPHONE NUMBER
	DETAILS OF OTHER PERSONS WHO WITNESSED THE INCIDENT			

I / We do hereby declare that the above is full true and accurate statement. If the information, answers, descriptions and/or documents are proven to be incorrect, then the insured agrees that the insurer has the right to reject all of the value of the compensation claim and terminate the policy by waiving the application of article 1266 and article 1267 of the Civil Code

DECLARATION

INSURED SIGNATURE	CAPACITY	DATE

Insured's VAT registration number (if applicable) :