



Allied Insurance Company

of the Maldives Pvt Ltd

#04-06 S.T.O. Trade Centre, Orchid Magu, Male', Republic of Maldives. Tel: (960) 32 46 12, Fax: (960) 32 50 35
email: info@alliedmaldives.com website: <http://www.alliedmaldives.com>

NOTICE OF ACCIDENT FORM PUBLIC LIABILITY including PROPERTY OWNERS

Name of Insured _____

Address _____

Occupation _____

Policy No. _____ Date of Payment of last Premium _____

Date and time of accident _____

When and by whom was it first notified to you? _____

Exact place where the accident happened _____

Details of accident stating fully how it occurred _____

Description of plant causing accident _____
(The pieces of any broken plant must be preserved)

Name and address of any person injured or the owner of the property damaged _____

Full details of Personal injuries _____

Also of damage to property _____

Have you received notice of any Claim? If verbal, give particulars; if in writing, enclose documents _____

Did a Police take particulars? _____ If so, give No. and police station _____

P. T. O.

Name and Address of Witnesses of Accident. (If none taken, give reason why)

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(It is of the utmost importance to obtain the Names and Address of Witnesses)

Reply only necessary if Claim is under a Property Owner's Policy	{	(a) Name and Address of your Tenant.....
	
		(b) Nature of tenancy and date of commencement.....
		(c) Rental
		(d) Had any notice of defect been given to you or your agent prior to the accident?.....
		(e) If so, on what date and what steps were taken to remedy such defect?.....
	

I / We DECLARE the following particulars to be true and correct and undertake to render every assistance in my / our power in dealing with the matter

Signature

Date

The Policyholder should not disclose the fact of Insurance to claimants, but simply state that enquiry will be made.