



# PUBLIC & PRODUCTS LIABILITY

## **Important Notice**

Please read this Claim Form prior to answering the questions.

ALL questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentations should be attached.

If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker.

Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker.

Appointment of legal representation should not occur without the prior consent of Liberty Specialty Markets (Liberty).

You are reminded that in no circumstances should you admit any liability or make any offer of settlement or enter into any correspondence without prior consent from Liberty.

**1. POLICY HOLDER**

Name of insured

Address

Email

Telephone

**2. REPORT OF INJURY AND/OR DAMAGE**

Particulars of occurrence likely to or has resulted in personal injury or property damage or loss claim:

Date and time of occurrence

Exact place of occurrence

What happened and how did it occur?

Was the accident due to:

Any individuals

Property

Plant or equipment

Motor vehicle

Please give details

| Witness name | Address | Relationship |
|--------------|---------|--------------|
|              |         |              |
|              |         |              |
|              |         |              |
|              |         |              |

Name and address of the police station where the incident was reported to, if any:

Date and time of report

Police report number, if any

Name and address of person injured or owners of property damaged.

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State nature of personal injury or property damaged or loss sustained.

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With regard to damaged property or loss, has any estimate of cost become available?

Yes

No

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If so, please give details.

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### 3. CLAIM

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Has a report of personal injury, property damage or loss been made to you by a third party claimant?

Yes

No

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If so, by whom and when?

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Has any demand for injury, property damage or loss been made against you?

Yes

No

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If so please give details and attach any correspondence/documentation.

**4. SIGNATURE**

I/We (print name in full)

(position)

I/We (print name in full)

(position)

hereby declare that the foregoing particulars are true and correct to the best of my/our knowledge and belief.

Signature

Date

Signature

Date

NB. Please be reminded that in no circumstances should you admit any liability or make any offer or enter into any settlement with respect to any incident which may result in a claim under your policy. Please keep us immediately informed of any demand letters, writ of summons and/or any notices relating to any occurrence likely to result in personal injury and/or property loss or damage claim. Please cooperate with us throughout the claim process.

**Privacy Notice**

Liberty Specialty Markets Hong Kong Limited (No. 2400200) (Liberty) is a company incorporated and authorised to conduct insurance in Hong Kong. It is a member of the United States-based Liberty Mutual Group. Liberty's contact details are:

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 Phone: +852 3655 2600

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