



**PUBLIC LIABILITY ACCIDENT REPORT FORM**

Policy No: ..... Claim No: .....

- 1. Name of Insured: .....
- 2. Address of Insured: .....
- 3. Tel. No: .....
- 4. Business being conducted: .....
- 5. Date of Incident: ..... Time of Incident: .....
- 6. Location: .....
- 7. When was the accident first reported to you and by whom? .....
- 8. Name of witnesses: .....
- 9. Name of injured third party/parties: .....
- 10. Address: .....
- 11. Age: ..... (12) Sex: ..... (13) Marital Status: .....
- 14. I.D. No: ..... (15) National Ins. No: .....
- 16. Where is injured person at present? .....
- 17. Detailed description of incident or loss: .....  
.....  
.....  
.....
- 18. Nature and extent of injury: .....  
.....
- 19. If injury is to arm or hand, state which and whether left or right handed: .....  
.....
- 20. Did he/she stop work immediately? .....

Trident Insurance Financial Centre  
Highway 7, Hastings, Christ Church, BB15154 Barbados W.I.  
Telephone: (246) 431-2347 Fax: (246) 427-5750  
E-Mail: trident@tridentins.com www.tridentins.com



21. If the accident arose from the action of a direct employee, please give name and address:

.....  
.....

22. If the accident arose from the action of a sub-contractor or his employee, please give details:

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23. Who was in charge at the time?

.....

24. If the accident was due to a defect in machinery, plant, or equipment, please state nature of defect.  
(THE DEFECTIVE ITEM SHOULD BE RETAINED IN SAFE KEEPING)

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**Premises**

25. Was the accident due to any defect in the buildings or in the contents? .....

26. If due to any defect, who is legally responsible for the maintenance and repair?

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.....

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**Insured's Signature**

.....  
**Date**

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