

**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: .....  
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.....  
.....
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:

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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?

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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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**Insured's Signature**

.....  
**Date**

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