



Doulton Underwriting Agents Ltd

Public Liability Report Form

Policy No.....

Insured.....

Trading Name.....

Address.....

.....Postcode.....

Telephone number: Business..... Private.....

Business / Occupation.....

THE EVENT

Date and time.....

Place.....

Circumstances of accident.....

.....

Give details of injury/damage

.....

.....

Name and address of Claimant

.....

Name and address of person causing accident

.....

Was he/she in your direct employ Yes No

Witnesses:.....

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What conditions of contract were in force.....

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Has any claim been made against you Yes No

Signature of Insured Position held

Date.....