



**SACOS INSURANCE COMPANY LIMITED**  
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**PUBLIC LIABILITY CLAIM FORM**

NOTE (1) The issue of this Form does not imply admission of Liability on the part of the Company.

(2) The Insured is requested to answer all questions fully and return without delay. Dashes are insufficient.

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**1. INSURED:**

NAME: .....

ADDRESS: .....

Trade or Business: .....

Telephone No. ....

**2. POLICY:**

POLICY NO. ....

Period of Insurance: .....

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**3. DETAILS OF ACCIDENT:**

Date: .....

Time: ..... (a.m. or p.m.)

Place: .....

Brief details of Accident: .....

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.....

Did Police take particulars? ..... If so, which Police Station: .....

(Please provide relevant statements, reports etc... from victim, eye witnesses, police etc...)

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**4. PARTICULARS OF INJURIES/DEATHS:**

(a) State names and address of all victims:

(i) .....

(ii) .....

(iii) .....

(b) Details of Personal Injuries:

(i) Name

(ii) Nature of injuries

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.....	.....
.....	.....
.....	.....

(c) Name and address of hospital/clinic attended: .....

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5. Damage to Property:

(a) Details of damage: .....

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(b) Is there any other insurance cover in force on the damaged property:

 YES NO

6. (a) Has any claim been made upon you? .....

(b) If so, by whom and for what amount? .....

.....

Note: Any correspondence must be forwarded immediately to the Company

7. Have you any way admitted Liability? .....

8. In your opinion who was to blame? .....

9. Give names and addresses of witnesses:

1. ....
2. ....
3. ....

I/We declare the foregoing particulars to be true to the best of my/our knowledge and belief, and I/We further declare that I/We do not hold any other policy indemnifying me/us in respect of this accident.

Date: ..... Signature of Insured: .....