

**CLAIM FORM PUBLIC LIABILITY**

**POLICY NO:** .....

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**A. THE INSURED**

Name:.....

Tel: ..... Email address: .....

Nature of Business: .....

Contact person: .....

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**B. THE INCIDENT**

Date: ..... Time: .....

Location: .....

Describe in detail how the incident occurred:  
.....  
.....  
.....  
.....  
.....

Were there any signs bringing attention to the danger? *(If 'Yes' please attach photos)*  
.....

To whom was the incident reported and when?

.....

**Witnesses** (State names and telephones provided that you have their consent):

1. ....

2. ....

**C. INJURIES TO THIRD PARTY**

Name: ..... Tel: .....

Occupation: ..... Age: .....

In what capacity was the injured person in your premises?

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Give details of the injuries:

.....

.....

Has the injured person received medical treatment? (If 'YES' state the name of the Medical center)

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**D. DAMAGE TO THIRD PARTY PROPERTY**

Name of Property Owner: .....

Address: ..... Tel: .....

Description of the Property: .....

.....

How much do you estimate the damage?

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**E. COMMENTS - REMARKS**

Considering the circumstances of the incident do you think that you are in any way liable for the injuries/damage and why? .....

.....  
.....

Has any claim been made from the injured person or the owner of the property? ( If 'YES' state details)

.....  
.....

Date: .....

**Signature of Insured**

*(and Company seal in case of legal entity)*

.....

Name of Signatory: .....

**DATA PROTECTION**

We collect and use personal information about you so that we can process your claim under your Policy. For more information on how we use your personal information and your rights, please refer to our Privacy Notice at [www.genikesinsurance.com.cy](http://www.genikesinsurance.com.cy). If you do not have access to the internet, please contact us and we will send you a printed copy.