



American Home Assurance Company New Zealand Branch

Incorporated with Limited Liability in the USA
A Member Insurance Company of American International Group

AUCKLAND
23rd Floor, Coopers & Lybrand Tower
23-29 Albert Street, P.O. Box 1745, Auckland
Phone 09 355 3100
Facsimile 09 355 3135

WELLINGTON
8th Floor, Regional Council Centre
142 Wakefield Street, P.O. Box 10 238, Wellington
Phone 04 385 4737
Facsimile 04 472 3917

PUBLIC LIABILITY

BRANCH: _____

POLICY No. _____

DUE DATE: _____

PLEASE ANSWER ALL QUESTIONS AS FULLY AS POSSIBLE

Name of Insured: _____

Address: _____

Occupation: _____

Name of Person injured or whose property was damaged: _____

Address: _____

Occupation: _____

Nature of injury or extent of damage: _____

Time and date of accident: _____ am _____ pm _____ 19 _____

Place where accident occurred: _____

Person to whose negligence the accident or injury is attributed:

Name: _____

Address: _____

Occupation: _____

Is such person directly employed by you? _____

Names and addresses of witnesses to the accident: _____

Give a detailed account of the circumstances surrounding the accident: _____

I/We hereby declare that the foregoing particulars to be true and correct and I/we undertake to render the Company every assistance in my/our power in dealing with the matter.

Date _____ Signature: _____

N.B. It is important the Names and Addresses of all Persons witnessing an accident be obtained, whether a claim is likely to arise or not. The insured should not disclose the fact of insurance, nor admit liability in any way, but simply state that an enquiry will be made.

The issue or acceptance of this form is not in itself an admission of liability on the part of the Company.