

PUBLIC LIABILITY INSURANCE

Accident Notification Form



(THE ISSUANCE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY)

Complete and return this form immediately. If any particulars are not readily available, the same should be furnished as soon as they are available.

1. Insured	
(a) Name (b) Address: Phone No: (c) Business/Occupation	
Policy No.	
Claim No.	
2. Particulars of Accident:	
(a) Date of Accident:	
(b) By whom and when the accident reported to you.	
(c) Place of Accident:	
(d) Description of the accident: (Give full details of the circumstances leading to the accident, and its nature and cause and attach copies of the statements made by your employee(s) on duty at the place. If the accident occurred on any water borne vessel, attach captain's statement).	
3. Particulars of consequences of the Accident	
(a) Has any person been injured?	
(i) Name(s), age, address/(es), and occupation of such persons.	
(ii) Particulars of medical treatment given, if any.	
(b) Details, if any, of property or livestock damaged. State the nature and extent of damage and give particulars of its owner(s).	

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Damaan Islamic Insurance Company – Beema (Q.P.S.C)

CR: 43652 Tel (+974) 44050555 Fax: (+974) 44050505

P.O. Box 11068 Lusail – Qatar, Paid up Capital QR 200,000,000

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(c) Was the accident due to carelessness or negligence on your part or that of your employees?	
(d) Have you in any way admitted liability? If so, state the reason.	
(e) Who do you think to be blamed? State the reasons and confirm if anybody else has admitted liability.	
4. Related Details	
(a) Give the names and addresses of all witnesses to the accident.	
(b) Has the accident been reported to any authority or police? If so, attach a copy of the report submitted.	
(c) What action, if any, has been taken by the authority /police? Attach Police report.	
(d) Give particulars of other insurance, if any, in respect of the same risk.	
(e) State any additional details that may be useful to us for dealing with the claim that may be made against you by the other party, including their insurance particulars.(Attach copies of correspondence exchanged.)	

The undersigned Insured declares that the foregoing particulars are true and correct.

Insured's Signature and Stamp
Date:

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