ACTIVA INTERNATIONAL
INSURANCE COMPANY (LIBERIA) LIMITED

Public & Products Liability Claim Form

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Public /Product liability claim form

Your Details
Policyholders Name(s)
Address
Business/Occupation
Telephone
Person to contact
Policy Number

General		
Date and Time of Incident/Occurrence		

Where did the incident occur?

Did anyone witness the incident?	YES or NO	

If YES give names, address and Tel Nos.

Do you have any other insurance which cover this claim?	YES or NO	

If YES please give details

When was the incident reported to you or your representative?

If it was not reported to you to whom was it reported?

Name
Address
Phone Number

Product Liability

Details of Product

Please state if you manufacture, distribute, supply or retail the product?

What caused the claim?

Which Product has given rise to the potential liability?

Details of the Product testing results by certifying body

Was the Product defective? YES or NO

if YES give details

Are any other Products affected? YES or NO

If YES please give recall procedure

What remedial action is being taken

Was the product used in accordance with instructions?	YES or NO	

If NO please explain

From whom did you obtain the defective product?

Name
Address

Do you have written contract with either supplier or customer?	YES or NO	

If YES give details

Injuries

Has a report of personal injury, property damage or loss been made to you by a third party claimant? If so by whom and when?

YES or NO	
Date	

If more than one person please list on the back of the form

Name
Address
Business/Occupation
Employer
Phone

Has any demand for injury, property damage or loss been made against you? If so please give details and attach any correspondence/documentation.

YES or NO	

Injuries sustained

Name of Doctor/Hospital by whom treatment given

Any Medical reports/receipts?	YES or NO

Description of incident including the cause and source of information

Declaration

I/We declare that the foregoing statement is a true account to the best of my/our knowledge and belief

Signature	Position
Date	