



# MUI Continental Insurance Berhad (29123-D)

Head Office / KL Branch

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## Customer Service Department

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A member of The MUI Group  
In Association with CNA Insurance, USA

IT IS IMPORTANT that this form is completed fully and returned as quickly as possible to the Company.

### PUBLIC LIABILITY CLAIM FORM

OFFICE MEMORANDA

Policy No. ....

Agency: .....

A/c Code No: .....

THE INSURED	Name of Insured (in full) .....	Policy Number .....
	Business .....	Telephone No. ....
	Address .....	

THE ACCIDENT	Where it occurred? .....
	Date ..... Time .....
	Describe fully how it happened .....
If the accident could have been prevented, state what precautions might have been taken.	

WITNESS	Names and Addresses of Witnesses. (It is most important that the name of every witness should be furnished):	
	1 .....	of .....
	2 .....	of .....
	3 .....	of .....
	4 .....	of .....
Which of these witnesses are in your employ?		
1.....	2 .....	

THE CAUSE	If accident arose from negligence of one of your employees:	
	a) State his Name .....	Occupation ..... Age .....
	Address .....	
	b) What act of negligence is alleged against him?	
	c) Do you consider he was negligent? .....	
	d) If so, in what respect? .....	
	e) Do the witnesses blame your man? .....	
	f) Does the man himself admit he was at fault? .....	
	g) Was the accident contributed to or caused by negligence on the part of the injured person?	
	.....	
h) If so, in what way was he negligent? .....		
i) Had he a right to be where he was? .....		

THE CAUSE	If the accident is attributed to defects in your premises or plant:	
	a) State nature of defect alleged .....	
	b) Do you admit a defect? .....	
	c) Were you aware of the defect before the accident? .....	
	d) If so, what steps had you taken to remedy it? .....	
	e) Have you authorised any alteration or repair since the accident? .....	
	f) If so, of what nature? .....	
	g) What protection, guard or fencing existed at the place where the accident occurred, with the object of preventing accident?	
.....		
h) Do you consider that the place was properly and sufficiently protected? .....		

GIVE PARTICULARS OF PERSONS INJURED

Name	Address	Nature of Injury
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

THIRD  
PARTY  
INJURIES  
AND  
PROPERTY  
DAMAGE

If the injured persons employer is your sub-contractor does the contract include a provision to indemnify you against accident to his employees?  
.....

If in the employ of a person to whom you are sub-contractor, to does your Contract include an indemnity to the principal contractors?  
.....

Owner of Property damaged .....

Nature and extent of damage .....

.....

.....

Has a claim been made on you in respect of this accident? If so, for what amount?

.....

(If in writing, to attach to this form)

**A PLAN OF THE SCENE OF THE ACCIDENT WOULD BE HELPFUL**

SKETCH

We/I have declare that the foregoing particulars are true in every respect.

Signature .....

Date .....