



Public Liability

Public Liability Claim Form

Instructions in case of an insured event:

- ◆ Please complete in full all relevant questions in this Claim Form,
- ◆ If an additional page needs to be used, make sure it is signed or stamped separately from you,

The supply or acceptance of this form is not an admission of liability on the part of the Company

INTERNAL USE ONLY

Claim Number:

Policy Number:

Intermediary:



COSMOS
INSURANCE

...a world of assurance!

Public Liability– Public Liability Claim Form
Cosmos Insurance Company Public LTD

HEAD OFFICE

46 Griva Digheni Ave, 1080 Nicosia

P.O. Box 21770, 1513 Nicosia

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Insured Details:

Name:

Address:

Office telephone number:

Personal telephone number:

Insurance Period

From:

Until:

Are there any other property insurance made by you or by any other person? If YES, please provide details.
(company insurance, insurance number, insurance amount)

Details of Accident:

Date of Accident:

Time of Accident:

When you have been informed about the accident?

Describe the circumstances of the accident
(attach photos, etc.)

Has anyone injured in the accident?

Yes

No

(a) If Yes, please give the name, telephone number, address, job and any other details of the injured.

(b) The injured person has been transferred to a hospital or clinic?

Yes (give details)

No (explain)

The accident caused damage to third party property:

Yes (provide name/s of the owner/s, full description of the damaged property and attach the report)

No

Has any equipment or machine been involved in the accident?

Yes (please provide details)

No

Please give us the list of witnesses of the accident

Names

Address

Telephone Number

Names	Address	Telephone Number

General Information:

Has the accident been reported to the police or some other competent authority?

If Yes, where?

No:

Has any claim against you been raised by the accident orally or in writing?

If Yes, from whom and provide full information (attach the claim notice)

No:

Declaration

I/We declare that the above answers and particulars are true and complete in every respect and that there is no other insurance in force covering my/our loss. I/We authorize *Cosmos Insurance Company Public Ltd* to handle My/Our claim.

Furthermore, I/we have been informed by and give my consent to *Cosmos Insurance Company Public Ltd* to share information with other Organizations and Public Bodies, including the Policy in order to prevent and detect fraud and handle effectively this claim.

Signature of Insured:

Date: