



Please complete, sign and return to O'Leary Insurance Group as soon as possible, whether or not a claim is being made.

(A) INSURED

1. DETAILS OF INSURED

Name: _____ Address: _____

 Insurer: _____
 Policy Number: _____ Date: ___/___/___ Last Premium Paid: _____
 Trade or Business: _____

2. PARTICULARS OF ACCIDENT

Date and time of accident: Date: ___/___/___ Time: _____ am pm
 Place Accident Occurred: _____
 How did accident / incident occur? Give full details and description on back of form illustrated by rough
 Sketch if necessary.

3. WITNESSES

Furnish names, occupations, addresses of witnesses of the accident (State if own or independent)

4. CAUSE

Was the accident caused by the negligence of any of your employees? No Yes
 Occupation: _____ Name: _____ Address: _____

Was the accident caused by any person NOT in your employment? No Yes
 Occupation: _____ Name: _____ Address: _____

Detail act of negligence,

Was the accident caused by any defect in your ways, works, machinery, plant or premises?
 If so, state exact nature of defect



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5. WORK DETAILS

What work were your employees engaged to do? _____

If the accident arose out of work being carried out under contract, has any indemnity or disclaim been given or received ?

Details: _____

6. INSURANCE DETAILS

When was the accident reported to you? By whom was the report made? _____

Were the police notified? No Yes Station: _____

Have you any other insurances on which you can claim? No Yes

Company: _____ Policy Number: _____

(B) THIRD PARTIES / CLAIMANTS

1. DETAILS OF INJURED

Give details of any third party injured

Name: _____ Address: _____

Particulars of injury: _____

2. DETAILS OF DAMAGE

Give name and address of owner of any property damaged and what is approximately the cost

Name: _____ Address: _____

Approximate Cost: € _____

3. DETAILS OF INJURED PARTY

Was Injured Party taken to hospital? No Yes Which hospital? _____

State whether detained: _____

Was Injured Party known personally to the insured? No Yes



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(D) PARTICULARS OF POSSIBLE CLAIMANT

Give full details of the accident including a sketch if possible

Sketch:

I / We hereby declare 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: ___ / ___ / ___

Your signature: _____

IMPORTANT:

No payment, or offer or promise of any payment or admission of liability in any way, should be made. Any such action could prejudice the position adversely. Where plant machinery is involved it is most important that any part or parts concerned should be preserved and no improvement nor adjustment should be made to any machinery until after inspection. Further no inspection should be permitted without the consent of the company and great care should be taken to preserve any evidence which might be useful in the ascertainment of liability.