



**UNITED OVERSEAS INSURANCE**

**大華保險**

(A MEMBER OF THE UNITED OVERSEAS BANK GROUP)

Tel: 6222 7733 Fax: 6327 3869 / 6327 3870

**NOTICE OF ACCIDENT FORM**  
**PUBLIC LIABILITY including PROPERTY OWNERS**  
PLEASE COMPLETE AND RETURN TO THE ABOVE COMPANY.

Name of Insured .....

Address .....

Occupation ..... Telephone .....

Policy No. .... Date of Payment of last Premium .....

Date and time of accident .....

When and by whom was it first notified to you? .....

Exact place where the accident happened .....

Details of accident stating fully how it occurred .....

Description of plant causing accident .....

( The pieces of any broken plant must be preserved. )

Name and address of any persons injured or the property damaged .....

Full details of Personal injuries .....

Also of damage to property .....

Estimate of loss .....

Have you received notice of any Claim? If verbal, give particulars; if in writing, enclose documents .....

Did the Police take particulars? ..... If so, give No. and police station .....

Names and Addresses of Witnesses of Accident. ( If none taken, give reasons why.)

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(It is the utmost importance to obtain the Names and Addresses of Witnesses.)

Reply  
only  
necessary  
if Claim  
is under a  
Property  
Owner's  
Policy.



- (a)Name and Address of your Tenant .....
- (b)Nature of tenancy and date of commencement .....
- (c)Rental .....
- (d)Had any notice of defect been given to you and your agent prior to the accident?.....
- (e)If so on what date and what steps were taken to remedy such defect? .....

I/WE DECLARE the foregoing particulars to be true and correct and undertake to render every assistance in my/our power in dealing with the matter.

Signature .....  
(And Co. Stamp, if applicable)

Date .....

**The Policyholder should not disclose the fact of Insurance to claimants, but simply state that enquiry will be made.**