

# LEGAL LIABILITIES REPORT FORM



## INCIDENT DETAILS

DATE  TIME

LOCATION

FULL DETAILS AND DESCRIPTION OF THE INCIDENT

TO WHOM WAS THE INCIDENT REPORTED TO

IF APPLICABLE, NAME AND ADDRESS OF WHO CAUSED THE INCIDENT

IF APPLICABLE, DETAILS OF THE PLANT/EQUIPMENT THAT CAUSED THE INCIDENT

IF THE INCIDENT INVOLVED SUB CONTRACTORS OR ANY OF THEIR EMPLOYERS PLEASE SUPPLY FOLLOWING DETAILS:-

NAME

ADDRESS

EMPLOYERS

INSURANCE DETAILS

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## CLAIMANT

**NAME**

**ADDRESS**

**DATE OF BIRTH**  **OCCUPATON**

**DETAILS OF THE NATURE AND EXTENT OF INJURY OR DAMAGE**

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**WITNESSES**

**PLEASE SUPPLY NAMES AND ADDRESS OF ANY WITNESSES TO THE INCIDENT**

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**DECLARATION**

I/WE DECLARE THAT THE PARTICULARS GIVEN ON THIS FORM ARE TRUE AND COMPLETE

**SIGNATURE**

**STATUS OF SIGNATORY**

**DATE**