

Claims Reference No. (if known)

# PUBLIC LIABILITY CLAIM FORM

## 1. You the Policyholder

Name of Insured

Address

Postcode

Contact Number

Policy Number

Business Name

Date Premium paid

If registered, please supply VAT Reg Number

## 2. Circumstances of the claim

a. Date of Accident

Time

am/pm

b. Place

c. Give full details of how the accident occurred

d. Name and Address of the Person who caused the accident

e. Name and Address of his/her employers

f. Describe the work you or your employees were engaged to do

g. Total number of your staff engaged on the contract

(i) direct employees

(ii) sub-contractors under your direction whether or not labour only

h. Name and Address of the company/Person for whom you were working and/or under contract

i. Who were the Main Contractors?

j. Give the name of the person injured, or the owner of the damaged property

k. Address

l. Occupation

m. Is this person in your service?

Yes

No

If "NO" state name and address of his/her Employers

### 3. General information

**Complete if damage to property was involved**

a. Description of the property damaged

b. Nature and extent of the damage

c. Where can the damaged property be inspected

**Complete if injury to a person involved**

d. Nature of the injury

e. Date unable to work from (due to this event)

f. Date resumed work (if known)

g. Name of the hospital / doctor to which the injured person was taken

h. Was this by NHS Ambulance?

Yes

No

i. Was the injured person detained? If yes, for how many nights?

j. Give the names and addresses of all witnesses.

(Please state if they are your employee or independent)

k. Have the police taken particulars?

Yes  No

If "YES" state identity of Officer and Station to which he/she attached

l. Have you received notice of the claim

Yes  No

If "YES" from whom, when and in what form

If the claim is in writing please forward a copy with this form

m. Have any steps been taken to compromise or settle the matter in anyway?

Yes  No

If "YES" what action taken and by whom?

n. Are there any other policies covering you for this incident?

Yes  No

If "YES" give details of policy number and Insurer, including their address

I/we declare the no material information has been withheld and that all statements on this form are true to the best of my/our knowledge and belief. In addition the articles and property belong to the persons named and no other person has any interest whether as Owner, Mortgagee or Trustee.

I/we understand that you may seek information from other insurers to check the answers I/we have provided and I/we authorise the giving of such information for such purposes.

INSURERS AND THEIR AGENTS SHARE INFORMATION WITH EACH OTHER TO PREVENT FRAUDULENT CLAIMS AND FOR UNDERWRITING PURPOSES VIA THE CLAIMS AND UNDERWRITING EXCHANGE REGISTER, OPERATED BY INSURANCE DATABASE SERVICES LTD. A LIST OF PARTICIPANTS IS AVAILABLE ON REQUEST. THE INFORMATION YOU SUPPLY ON THIS FORM , TOGETHER WITH THE INFORMATION YOU HAVE HAVE SUPPLIED ON THE APPLICATION FORM AND OTHER INFORMATION RELATING TO THE CLAIM, WILL BE PROVIDED TO PARTICIPANTS.

Insured's Signature

Date

Please complete and return this form as soon as possible. Damaged property should be protected from further deterioration but not disposed of without prior reference to the Company.