

public/products liability report form

All questions to be answered

Section 1 Your Details	
Policyholders Name(s)	
Address	
Postcode	
Business/Occupation	
Telephone Day	Evening
Person to contact	
Policy number	

All questions to be answered

Section 2 General Questions	
Date and time of Occurrence	/ / am/pm
Where did the incident occur?	
If accident was connected with machinery insert YES or NO in boxes (a) and (b) below	
(a) was it properly guarded?	(b) was guard in use?
Has HM Factory Inspector/Health & Safety Executive/ Local Authority investigated since the incident?	Insert YES or NO
Has there been a warning of prosecution?	Insert YES or NO

Only complete if you are reporting a Public Liability incident

Section 3 Public Liability	
Nature of work being carried out at the time	
If in or about a building is building owned/occupied by you? Insert YES or NO	
If 'NO' by whom?	
Type of building? (e.g. shop, factory etc)	
Was anyone to blame? Insert YES or NO	
If 'YES' who and how?	
Did injured person admit it was his own fault? Insert YES or NO	
Did anyone admit it was his/her fault? Insert YES or NO	
If 'YES' who? (State name, address and Tel No.)	
If this person is not in your employment state by whom employed (Address/Tel No.)	
Were you working as a Sub-contractor? Insert YES or NO	
If 'YES' give name, address and Tel No. of Principal Contractor	
Did anyone witness the incident? Insert YES or NO	
If 'YES' give names, address and Tel Nos. (use the back of the form if necessary)	
When was the incident reported to you or your representative?	
If it was not reported to you to whom was it reported?	
Name	
Address	
Postcode	

Do you have any other insurance which may cover this claim?

Insert YES or NO

If 'YES' please give details

Section 4 Products Liability

Details of Product

Please state if you manufacture, distribute, supply or retail the product?

What caused the claim?

Which product has given rise to the potential liability?

Was the product defective?

Insert YES or NO

If 'YES' give details

Are any other products affected?

Insert YES or NO

If 'YES' please advise recall procedure

What remedial action is being taken

Was the product used in accordance with instructions?

Insert YES or NO

If 'NO' please explain

From whom did you obtain the defective product?

Name
Address
Postcode

If contract work executed explain nature of contract

Do you have written contracts with either supplier or customer?

Insert YES or NO

If 'YES' give details

Only complete if you are reporting a Products Liability incident

