



Claims
 Primary General Insurance Limited
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 M60 3DH
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Public Liability Claim Form

PERSONAL DETAILS

Policyholders Name(s)	
Policy No.	
Address	
	Postcode
Business/Occupation	
Telephone (Inc. STD) Day	Evening
Person to Contact	

INCIDENT DETAILS

Date & Time of incident	/ /20	am/pm
Where did incident occur?		
Has HM Factory Inspector/Health & Safety Executive/Local Authority investigated since the incident?	Yes / No	
Has there been a warning of prosecution?	Yes / No	
Nature of work being carried out at the time		
If in or about a building is building owned/occupied by you?	Yes / No	
If No by whom?		
Type of building (e.g. shop, factory)		
Was anyone to blame?	Yes / No	
If 'Yes' who & why?		
Did injured person admit it was his/her own fault?	Yes / No	
Did anyone admit it was his/her fault?	Yes / No	
If 'Yes' who? (Name. Address & Tel No)		
If this person is not in your employment state by whom employed		
Were you working as a Sub-contractor?	Yes / No	
If 'Yes' give name, address & Tel No of Principal Contractor		
Did anyone witness the incident?	Yes / No	
If 'Yes' give name, address & Tel No		
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?	Yes / No	
If 'Yes' please give details		

INJURIES – ONLY COMPLETE IF INJURIES WERE SUSTAINED

Name		
Address		
	Postcode	
Business/Occupation		Age
Employer		
Telephone	Day	Evening
Injuries sustained		
Name of doctor/hospital by whom treatment given		

PROPERTY – ONLY COMPLETE IF PROPERTY HAS BEEN DAMAGED

	Name and address of owner of property	
Name		
Address		
	Postcode	
Business/Occupation		
Telephone	Day	Evening
Description of property		
Nature of damage to property		
Amount claimed		

DESCRIPTION OF INCIDENT

Description of occurrence and sketch plan if applicable.

DECLARATION

I/We declare that the foregoing statement is a true account to the best of my/our knowledge and belief.

Signature

Position

Date

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