

# Public Liability Claim Form

## 1 You the Policyholder

Name of the Insured	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Date Premium Paid	<input type="text"/>
Business/Occupation	<input type="text"/>	Telephone Number	<input type="text"/>
Policy Number	<input type="text"/>	Value Added Tax. Are you a registered person or company? Yes <input type="checkbox"/> No <input type="checkbox"/>	

## 2 Circumstances of the Claim

<p><b>a</b> Date (dd/mm/yyyy)      Time</p> <p><input type="text"/>      <input type="text"/> am      <input type="text"/> pm</p> <p><b>b</b> Exact place where Accident/Loss occurred</p> <p><input type="text"/></p> <p><b>c</b> Give full details of how the accident occurred</p> <p><input type="text"/></p> <p><b>d</b> Name and Address of the Person who caused the Accident</p> <p><input type="text"/></p> <p><b>e</b> Name and Address of his/her employers</p> <p><input type="text"/></p>	<p><b>f</b> Describe the work you or your employees were engaged to do</p> <p><input type="text"/></p> <p><b>g</b> Total number of your men employed on the contract</p> <p><b>i</b> direct employees      <input type="text"/></p> <p><b>ii</b> sub-contractors under your direction whether or not labour only</p> <p><input type="text"/></p> <p><b>h</b> Name and Address of the Company/Person for whom you were working and/or under contract</p> <p><input type="text"/></p> <p><b>i</b> Who were the Main Contractors?</p> <p><input type="text"/></p>
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## 2 Circumstances of the Claim continued

**j** Give the name of the person injured, or of 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

### Damage

**a** Description of the property damaged

**b** Nature and extent of the damage

**c** Where can the damaged property be inspected?

### Injury

**d** Nature of the injury

**e** Date ceased work (dd/mm/yyyy)

**f** Date resumed (dd/mm/yyyy)

**g** Name of the hospital to which the injured person was taken

**h** Was the injured person detained?

**i** Give the name and address of all witnesses: (indicate if own employee or independent)

**j** Have the police taken particulars?

Yes

No

If **yes**, state identity of Officer and Station to which he/she attached.

**k** 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 with this form

**l** Have any steps been taken to compromise or settle the matter in anyway?

Yes

No

If **yes**, what and by whom?

**m** Are there any other policies covering you for this accident?

Yes

No

If **yes**, give details

### 3 General Information continued

n The following documents are requested:

Insured

Claim Number

Broker Reference

#### Standard Document Disclosure List

Document	Available	
Records of inspection for the relevant area	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Maintenance records including reports of independent contractors working in relevant area	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Records of the minutes of meetings where maintenance or repair policy has been discussed or decided	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Records of complaints about the state of the area	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Records of other accidents which have occurred on the relevant area	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copies of any contracts or other documents relating to sale or agreement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Copies of leases if accident involves premises	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I/We declare that 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 supplied on your application form and other information relating to the claim, will be provided to participants.

Signature

Date (dd/mm/yyyy)

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. If the claim is for repairable damage i.e. buildings, a Trademan's estimate will be required.