



PUBLIC AND PRODUCTS LIABILITY

Please answer all questions on this page as fully as possible and relevant sections on other pages.
Please complete in **BLOCK CAPITALS** throughout and tick boxes where appropriate

DETAILS OF THE INSURED

Name (in full)

Address (in full)

Post Code

Contact telephone numbers:

Mobile:

Business Description:

Insurer:

Policy No:

Are you VAT Registered? YES/NO (delete as appropriate)

If YES state whether you can recover VAT relating to the property for which you are claiming (Please tick as appropriate)

(i) Completely

(ii) Partially

(iii) Not at all

If you can recover VAT only partially, please provide reasons and percentage recovery anticipated

If you cannot recover any VAT please state reason



ACCIDENT

Date:

Time: (am/pm)

Place:

Who reported the accident to you?

When Reported: Date:
Time: (am/pm)

Was the accident due to any breakdown or defect in ways, works, machinery or plant? YES/NO (delete as appropriate)
If YES please give details

Can the accident be attributed to fault or negligence? YES/NO (delete as appropriate)
If YES who do you consider to be at fault?

Was he/she employed by you? YES/NO (delete as appropriate)
If NO please state name of employer

Describe fully how the accident occurred (continue of back of form if necessary)



UNDERGROUND SERVICES

What precautions were taken to prevent this accident?

Were underground plans obtained?

YES/NO (delete as appropriate)

If YES, please enclose a copy and confirm the date that these were applied for

Date:

or

Please set out on the reverse of this form a sketch plan

PERSONAL INJURIES

Full name of injured person(s)

Home Address

Post Code

Contact Tel No:

Employer (if known)

Nature and Extent of Injuries

If taken to Hospital please state name and address thereof and whether admitted:



PROPERTY DAMAGE

Full name and contact address of owner of Property

Post Code:

Tel No:

Particulars of Property

Briefly state nature of damage sustained (continue on separate sheet if necessary)

WITNESSES

Name:

Address:

Post Code:

Contact Telephone No:

Name:

Address:

Post Code:

Contact Telephone No:



At the time of the incident, were any of the witnesses in your employ:

YES/NO (delete as appropriate)

If YES, please state which:

CLAIM

If the claim involved Sub Contractors, please provide their details

Name:

Address:

Post Code:

Contact Telephone No:

Has any formal claim been made either verbally or in writing

YES/NO (delete as appropriate)

If YES, give details, and enclose all relevant correspondence (letters, faxes, emails etc.)

Notice

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Service Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

Data Protection Notification

We may use personal and business details you give us, or which are supplied by third parties, to consider your claim, to search the files of credit reference agencies who may keep a record of the search to carry out such financial and other enquiries as we consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EU. They will at all times be held securely and handled with the utmost care in accordance with all principles of UK law. We will store such personal details on computer but will not keep them for longer than necessary.



Under the terms of the Data Protection Act 1998, individuals are entitled to a copy of all the information we hold about them.

VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true and correct to the best of your knowledge and belief, and that all material facts have been disclosed.

A material fact is one that is likely to influence us in the assessment or acceptance of this claim, on one that is likely to influence our consideration of cover under the terms of your policy.

If you are in any doubt as to whether a fact is material **you must disclose it.**

FAILURE TO DO THIS MAY MEAN THAT YOUR POLICY BECOMES INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.

I/We declare that the foregoing particulars to be correct according to my information and belief. I/We understand that you may seek information from other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advice in relation thereto.

Name (Print)	Position
Signature:	Date:

N.B. You are reminded that in no circumstances should you admit any liability or make any offer or enter into any correspondence in connection with any incident which may result in a claim under your Policy.