

Product/Public Liability Property Damage Claim Form



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London
EC3N 3AX**

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IMPORTANT NOTE

We aim to provide you with prompt and careful handling of your claim. To help us to help you please ensure that all relevant questions are answered as fully as possible (continue your answers on a separate page if necessary).

In addition you should:

- Contact your insurance broker if you need assistance
- Provide all documentation in support of your claim, such as medical certificates, but do not delay submitting this form if such documents are not immediately available
- Complete the form clearly and in BLOCK CAPITALS

Applicant Details**Policy number**

Name of policy holder

Insuring broker

Name of official to be contacted in connection with this accident

Are you registered for VAT Yes No**Postal address**

Postcode

Telephone

Email

Accident Details**Injured person****Postal address**

Postcode

Date of birth

Address where accident occurred**Date of accident****Time of accident**

When did you receive notice of the accident

From whom

Accident Details Continued

Give full **description** of the accident and state exactly how it occurred

Other relevant factors (e.g. weather conditions; wet floors; obstacles; poor lighting etc)

Vehicle registration or serial number (Where applicable)

Was someone else responsible for the incident/damage Yes No

Witnesses

1st witness's name:

Address:

Postcode

Telephone

Employer

Witnesses Continued

2nd witness's name:

Address:

Postcode

Telephone

Employer

3rd witness's name:

Address:

Postcode

Telephone

Employer

Product/Property Details

Please identify product/property involved

Any explanation literature or brochures concerning the product/property would be helpful to Insurers.

Model

Serial no

NB. Please ensure that you retain the product in question

Do you manufacture the product? Yes No

If not, please advise manufacturer's name:

Manufacturer's address:

Postcode

Telephone

Did you supply the product directly to the Claimant(s) Yes No

If not, please advise intermediary supplier's name:

Intermediary supplier's address:

Postcode

Telephone

Product/Property Details Continued

Was the product supplied with any special instructions for use? Yes No

If it is considered that a failure to comply with such instructions has contributed to or caused the accident please forward a copy of the relevant instructions.

Has the product been returned by the Claimant and/or supplier for testing? Yes No

If so, please provide a copy of any technical report prepared.

Do you accept an allegation of faulty manufacture of your product? Yes No

Do you accept an allegation of faulty design to your product? Yes No

To be completed if claim involves property damage

Are you the owner Yes No

If not, please advise the owner's name:

Owner's address:

Postcode

Telephone

Give name(s) of any other party having an interest in the property

Are there any other insurances on the property? Yes No

If yes, please advise the insurer's name:

Policy number

insurer's address:

Postcode

Telephone

2nd insurer's name:

Policy number

insurer's address:

Postcode

Telephone

To be completed if claim involves property damage ... continued

3rd insurer's name:

Policy number

insurer's address:

Postcode

Telephone

State total value of insured property:

Building £ Stock £ Other Property £

State Nature of occupancy of premises:

Are you responsible by agreement for the property? Yes No

If 'YES' please forward a copy of the agreement

Have you previously made a claim of this nature? Yes No

If 'YES', give details:

Name of Insurers:

Nature of claim:

Date of loss:

Amount paid £

Details of Building Claim

Description of property damaged or destroyed	<input type="text"/>	<input type="text"/>	<input type="text"/>
Age of building or damaged fixtures/fittings	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date when last decorated	<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimated cost of repair £	<input type="text"/>	<input type="text"/>	<input type="text"/>
Allowance for depreciation (wear and tear) £	<input type="text"/>	<input type="text"/>	<input type="text"/>
Net Amount claimed £	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed if claim involves property damage ... continued

Details of the Damaged Property (where known)

Description of property			
Purchase Date (If known)			
Purchase Price (If known)			
Present Replacement Cost			
Less wear and tear			
Less Salvage Value			
Net Amount £			

Police Reporting

Has the accident been reported to the police/Fire Service Yes No

Name of Police Officer/Fire Officer

Name of station(s)

Do you accept responsibility for the accident Yes No

If not, who do you consider responsible and why

Documentation

Please attach as many of the following documents as possible:
 Copy of accident book entry; statement from injured party; sketch / measurements; relevant training records;
 witness statement(s); photographs; service records; risk assessment(s); or any other that may apply

Has any claim been made upon you to date? Yes No

If so, please state when and whether verbally or in writing (if in writing attach a copy of the letter)

Investigating Manager

Name: Job Title

Signature Date *

Declaration

I declare all the information given above to be true and complete to the best of my knowledge and belief and I have no other Insurance which will respond to this claim.

Name:

Signature Date *