

Public Liability Claim Form



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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)

What type of injury was it

What body part was injured

Was First Aid treatment provided Yes No

Name of First Aider

Contact number

What lost time was incurred by the accident

- No injury (near miss) Reported back to work Off work for 3 days or less
 Off work for more than 3 days Deployed on light duties Hospitalised

Witnesses1st witness's name: Address: Postcode Telephone Employer 2nd witness's name: Address: Postcode Telephone Employer 3rd witness's name: Address: Postcode Telephone Employer 4th witness's name: Address: Postcode Telephone Employer **RIDDOR Reporting**

For major injuries or over-three-day injuries, work related diseases, and dangerous occurrences (near miss accidents)

Is the accident/incident reportable Yes NoHas the accident/incident been reported Yes NoDate of report: Report reference number:

Police Reporting

Has the accident been reported to the police Yes No

Name of Police Officer

Name of station

What work were your employees doing

Was the work being carried out under contract Yes No *A copy of the contract may be required.*

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)

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 *