

Public Liability

Report Form

Please help us to help you by:

- making sure that the information you give is as clear and complete as possible
- remembering to sign and date this form
- completing the form whether or not a claim has been made
- not making any admissions or offers
- passing correspondence to us directly, without acknowledgement
- not making any payment or promise of payment
- not admitting liability without our authority

In the event of an accident / incident please complete:

- in all cases, Section I
- one only of the appropriate section 3 - 6

Ref No 90/ /

THIS REPORT FORM IS NOT APPLICABLE FOR MOTOR ACCIDENTS

For All Claims, please complete this section

I. Insured:

Name:

Policy No:

Address:

Telephone

Numbers: Home: Business:

Are you registered for VAT? Yes No VAT Reg No.

Are there any other insurances which might cover this claim? Yes No

If 'Yes', please advise:

Name of insurers:

Policy No:

Address of insurers:

Please turn over ...

2. Complete this Section in the event of an Accident occurring on the Premises:

Date of Accident: Time of Accident: am/pm

Address at which accident occurred:

Do you own the premises ? Yes No

Please provide full details of the accident:

Was accident witnessed ? Yes No

If accident was witnessed, advise name(s) and address(es) of witness(es), indicating if they are your employees:

When was accident reported and to whom ?

Advise name and address of third party:

Advise details of injuries/damage sustained by the third party:

3. Complete this Section in respect of PRODUCTS LIABILITY claims:

When was the product supplied ? To whom was the product supplied ?

When was the claim first advised ? and by whom ?

What is the nature of the injury/complaint ?

Has the product been examined/analysed ? Yes No

If 'Yes', with what result ?

Are you a Manufacturer / Wholesaler / Distributor / Retailer of the product ? (Delete as inapplicable)

Advise name and address of third party:

4. Complete this Section in respect of HOUSEHOLD PRODUCTS LIABILITY CLAIMS:

Date of Accident: Time of Accident: am/pm

Location of accident:

If accident occurred on premises, are you: Owner? Occupier? Both?

Please provide full details of the accident:

Was accident witnessed? Yes No

If accident was witnessed, advise name(s) and address(es) of witness(es):

Advise name and address of third party:

Advise details of injuries/damage sustained by the third party:

5. Complete this Section in the event of an accident caused by an ANIMAL:

Date of Accident: Time of Accident: am/pm

Location of Accident:

Do you own the animal? Yes No

If 'No', advise name and address of owner:

Please provide full details of the accident:

Was accident witnessed? Yes No

If accident was witnessed, advise name(s) and address(es) of witness(es):

Advise details of injuries/damage sustained by the third party:

Advise name and address of third party:

6. Complete this Section in respect of any other event not described over:

Date of Accident:

Time of Accident: am /pm

Location of Accident:

Please provide full details of the accident:

Was accident witnessed ?

Yes No

If accident was witnessed, advise name(s) and address(es) of witness(es):

Advise name and address of third party:

Advise details of injuries/damage sustained by the third party:

Declaration

I/We hereby declare that the statements on this form and the information provided in addition are true and complete, to the best of my/our knowledge and belief.

Signature(s) **X** _____ Date _____

