



PUBLIC LIABILITY CLAIM FORM

1: Policyholder Details

Policy Number	
Policyholder	
Contact	
Phone Number	
Address	
Post Code	
Excess	

2: Details of Incident

Date	Time	Place

a) Give full particulars of incident/accident and state exactly how it occurred

b) Name of the Person who caused the Accident

c) Address of the Person who caused the Accident

d) Upon what date did you receive notification of accident, and from whom?

e) Have the police taken particulars?

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

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3: Injuries to Third Parties

Are there any Injuries to Third Parties?

a) Nature of the injury

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b) Date ceased work (dd/mm/yyyy)

c) Date resumed (dd/mm/yyyy)

d) Name of the hospital to which the injured person was taken

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e) Was the injured person detained?

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

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4: Damage to Third-Party Property

Is there any Damage to Third Party Property?

g) Description of the property damaged

h) Nature and extent of the damage

i) Where can the damaged property be inspected?

j) Have any steps been taken to compromise or settle the matter in any way?

If yes, what and by whom?

k) The following documents are requested:

Tick appropriate box

	Available	Not Available
1. Records of inspection for the relevant area		
2. Maintenance records including reports of independent contractors working in relevant area		
3. Records of the minutes of meetings where maintenance or repair policy has been discussed or decided		
4. Records of complaints about the state of the area		
5. Records of other accidents which have occurred on the relevant area		
6. Copies of any contracts or other documents relating to sale or agreement		
7. Copies of leases if accident involves premises		

5: Sub-Contractors

If accident involved sub-contractors or any of their employees, give sub-contractors details:

a) Total number of your staff employed on the contract

i) direct employees

ii) sub-contractors under your direction whether or not labour only

b) Name and Address of the Company/Person for whom you were working and/or under contract

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c) Who were the Main Contractors?

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d) Give the name of the person injured, or of the owner of the damaged property

e) Address

f) Occupation

g) Is this person in your service?

6. Other Information

Full Name

Date

Signature of Insured