

# Liability Claim Form

## SECTION 1 INSURED DETAILS

Name of Insured

Policy/Certificate No

Address

<input type="text"/>
Post Code: <input type="text"/>

Address for Correspondence (if different)

<input type="text"/>
Post Code: <input type="text"/>

Telephone Number

Fax

Email

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Are you the: owner

tenant

other (please give details)

**Please provide details of the person we should contact regarding this matter. Please note this person must be authorised to discuss this incident.**

Name

Position/title

Telephone Number

Fax

Email

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**SECTION 2**  
**THE INCIDENT**

Date incident	Time of incident	Date you were notified of the incident
	AM/PM	

Location of incident

Is the above location in your ownership or control or your responsibility? Yes  No

If No, please provide full details of responsibility

Did the incident arise from a defect in premises?  
(e.g. broken paving or wet floor) Yes  No

If Yes, please provide details

Does the situation at premises remain the same? Yes  No

If No, please clarify how the situation differs

Does the incident involve an animal or item of equipment in your custody or control? Yes  No

If No, please provide details of responsibility

Any prior knowledge of problem/complaint? Yes  No

If Yes, please provide details (if applicable)

*As applicable, please provide a copy of accident book/tenancy agreement/tenancy file/inspection reports/sketch plans/photographs.*

Please give a detailed description of how the incident happened

(Continue on a separate sheet if necessary)

Please provide details of any witness(es)

Name	Address	Telephone Number

**SECTION 3  
THIRD PARTY  
DETAILS**

Name

Occupation

Date of Birth

<input type="text"/>	<input type="text"/>
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Address

<input type="text"/>
<input type="text"/> Post Code:

Has a formal claim been made?

Yes

No

If so please attach all correspondence.

**If you supplied or manufactured or repaired a product for the above Third Party please go to SECTION 4.**

**If the Injured Person is an employee please go to SECTION 5.**

**Please complete SECTION 6**

**SECTION 4  
PRODUCTS**

Please identify the product by reference to its trade description and serial number

Did you supply  manufacture  repair  the product

Has any official body contacted you to discuss this matter?

Yes

No

If Yes, please supply details

**SECTION 5**  
**EMPLOYERS**  
**LIABILITY**

Describe fully the work in progress

Date injured person ceased work

Date of return

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Did the incident involve equipment or machinery?

Yes

No

If Yes, does any fault or defect exist?

Yes

No

**Defective equipment or machinery should be preserved or retained in position pending our inspection.**

Any changes since the incident to machinery/manner of work?

Yes

No

Was he/she at the time doing work he/she was authorised to do?

Yes

No

If No, please provide details

Did he/she follow instructions?

Yes

No

If No, please provide details

Did the incident involve any other employee?

Yes

No

If Yes, please provide details

Did the incident arise out of work carried out under contract?

Yes

No

If Yes, please provide details

Is there any indication of possible action/prosecution by the Health & Safety Executive?

Yes

No

*Please provide a copy of the accident book entry or a copy of Form F2058 or claimant training records/ pre-accident risk assessment or accident investigation report*

