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Public Liability Claim Form

Please complete Policyholder, Event and Property Sections. Only complete the relevant section(s) of Details of Claim

Policyholder

Policy No.

Policyholder's Name or Title

Contact Email

Occupation

Policyholder's Address

Telephone Number

Daytime | Mobile

Are you registered for V.A.T? ☐ Yes ☐ No

If **Yes** please give details

Risk Address: (If different from correspondence address)

Third Party

Name

Telephone Number

Address

Details of injury or damage

Was there any contractual arrangements between you and the Third Party? If so please provide details.

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Accident

Place

Time

Date

Circumstances

Continue on separate sheet and/or attach sketch as necessary

Did the accident occur as a result of
A. Any defect in the premises, equipment or plant? ☐ Yes ☐ No

If **Yes** please supply details:

Did the accident occur as a result of
B. Negligence of an employee? ☐ Yes ☐ No

If **Yes** please supply details:

Please carefully preserve any broken parts of machinery, plant, equipment or tool involved in the accident.

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Witnesses to Accident

Name	Address	Telephone Number

Details to whom the accident was first reported.

Name	Address	Telephone Number

Date incident was first reported

Injuries

What injuries did the third party sustain?

Did they receive medical attention? ☐ Yes ☐ No

If **Yes** – please state whom they received medical attention from.

Are they detained in hospital? ☐ Yes ☐ No

If **Yes** – please give name of hospital.

Has the injury resulted in disability? ☐ Yes ☐ No

If **Yes** – please give details of the extent of disability or impairment.

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Claim

Has any claim been made verbally by or on behalf of Third Party? ☐ Yes ☐ No

If Yes – by whom was this claim made?

Has any claim been made in writing by or on behalf of Third Party? ☐ Yes ☐ No

If yes when was his claim made?

Has the incident been reported to the Health & Safety Executive? ☐ Yes ☐ No

Please provide any additional information.

All correspondence received including bills and receipts should be forwarded with this form.

Declaration

No admission of liability payment or promise of payment should be made.

I/We hereby declare that the information given on this form is true to the best of my/our knowledge and belief.

Signature **Date**

Note: Many accidents at work, including those which cause people not to be able to do their normal job for three or more days, must by law be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985 (RIDDOR) to HSE or the Local Authority. Details are given in the RIDDOR leaflet, which is available from HSE or the Local Authority. If you are in any doubt, please consult your nearest HSE Office (details in the telephone directory under "Health and Safety Executive").

Please return this form to:

Mathews Comfort, Clarendon House, 52 Cornmarket Street, Oxford OX1 3HJ