



You must notify Aviva as soon as possible of any incident which could be the subject of a claim. This will enable us to investigate and take the necessary steps in the event of litigation.

Before doing so however, please read carefully the notes overleaf. These should help you and ensure that there is no delay.

Office of Issue

public/products liability

Report Form

How to complete this form

- 1 Please complete all relevant sections of the attached form fully and clearly in BLOCK CAPITALS.
- 2 Please provide as full a description of the incident as possible. Where applicable include a rough sketch of the location of the accident, showing the positions of any persons or property involved. Where machinery, plant or equipment is involved, please forward photographs or illustrated brochures if available. Photographs of the incident are always useful and should be included where available. Please continue on the back of the form if necessary.
- 3 Only complete the sections applicable to your claim.
- 4 Please give details of witnesses at this stage.
- 5 If you require any advice or assistance in completing the form please contact your Insurance Adviser or any Aviva Office.
- 6 Please remember to sign the Declaration at the end of the form.
- 7 Please detach the completed form and send it to your Insurance Adviser or to the office shown overleaf.

You should then keep the remainder of the form to assist you in the future.

What else should I do?

- Any correspondence received in connection with the incident should be passed, unanswered, to your Insurance Adviser or to the Aviva Office shown overleaf.
- If you require any further assistance, please telephone your Insurance Adviser or the Aviva Office for immediate advice. If we require more information or require to inspect the location of the accident, we shall contact you or your Insurance Adviser.

public/products liability report form

All questions to be answered



Section 1 Your Details	
Policyholders Name(s)	
Address	
Postcode	
Business/Occupation	
Telephone Day	Evening
Person to contact	
Policy number	

All questions to be answered



Section 2 General Questions	
Date and time of Occurrence	<input type="text"/> / <input type="text"/> / <input type="text"/> am/pm
Where did the incident occur?	
<input type="text"/>	
If accident was connected with machinery insert YES or NO in boxes (a) and (b) below	
(a) was it properly guarded?	<input type="text"/>
(b) was guard in use?	<input type="text"/>
Has HM Factory Inspector/Health & Safety Executive/Local Authority investigated since the incident?	Insert YES or NO <input type="text"/>
Has there been a warning of prosecution?	Insert YES or NO <input type="text"/>

Only complete if you are reporting a Public Liability incident



Section 3 Public Liability	
Nature of work being carried out at the time	
<input type="text"/>	
In or about a building is building owned/occupied by you?	Insert YES or NO <input type="text"/>
If 'NO' by whom?	
<input type="text"/>	
Type of building? (e.g. shop, factory etc)	<input type="text"/>
Was anyone to blame?	Insert YES or NO <input type="text"/>
If 'YES' who and how?	
<input type="text"/>	
Did injured person admit it was his own fault?	Insert YES or NO <input type="text"/>
Did anyone admit it was his/her fault?	Insert YES or NO <input type="text"/>
If 'YES' who? (State name, address and Tel No.)	
<input type="text"/>	
<input type="text"/>	
If this person is not in your employment state by whom employed (Address/Tel No.)	
<input type="text"/>	
<input type="text"/>	
Were you working as a Sub-contractor?	Insert YES or NO <input type="text"/>
If 'YES' give name, address and Tel No. of Principal Contractor	
<input type="text"/>	
<input type="text"/>	
Did anyone witness the incident?	Insert YES or NO <input type="text"/>
If 'YES' give names, address and Tel Nos. (use the back of the form if necessary)	
<input type="text"/>	
<input type="text"/>	
When was the incident reported to you or your representative?	<input type="text"/>
If it was not reported to you to whom was it reported?	
Name	
Address	
Postcode	

Do you have any other insurance which may cover this claim? *Insert YES or NO*

If 'YES' please give details

Only complete if you are reporting a Products Liability incident



Section 4 Products Liability

Details of Product

Please state if you manufacture, distribute, supply or retail the product?

What caused the claim?

Which product has given rise to the potential liability?

Was the product defective? *Insert YES or NO*

If 'YES' give details

Are any other products affected? *Insert YES or NO*

If 'YES' please advise recall procedure

What remedial action is being taken

Was the product used in accordance with instructions? *Insert YES or NO*

If 'NO' please explain

From whom did you obtain the defective product?

Name
Address
Postcode

If contract work executed explain nature of contract

Do you have written contracts with either supplier or customer? *Insert YES or NO*

If 'YES' give details

