

Liability Claim Report Form



Policyholder Details

Title	First Name	Surname
Insurer		
Policy No.		
Address		
Postcode		
Telephone No.	Email	
Mobile No.	Fax No.	

Accident Details

Date	Time
Place	
How did the accident occur?	
Were any other suppliers, contractors or third party personnel involved? (please provide their name/s and address/es)	
What or who do you believe caused the accident?	

Name & address of witness/es to the accident:

Claimant's Details

Title	First Name	Surname
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Address

Postcode

Occupation/business

Date of birth and/or age

Has the claimant or their representative made a claim against you? YES/NO

PLEASE FORWARD ANY CORRESPONDENCE TO US IMMEDIATELY AND UNANSWERED

Property Damage

Description of Property	Nature/Extent/Estimated Value of Damage
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Bodily Injury

Nature and extent of injuries (please describe as fully as possible and continue on an additional page if required)

Was the claimant hospitalised?	YES/NO	Are they still hospitalised?	YES/NO
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National Insurance No.	How long employed by you?
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Date ceased work?	Are they still off work?	YES/NO
Date of return or anticipated return?		
Average net weekly/monthly (delete as appropriate) wage? <i>Please forward a pre-accident wages statement</i>		

DECLARATION

I/We declare that the particulars given in this form are true to the best of my/our knowledge and belief.

Signature of Proposer _____ Date: _____

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WHEREVER POSSIBLE PLEASE ATTACH COPIES OF THE FOLLOWING DOCUMENTS

<ul style="list-style-type: none"> • Accident Book Entry • F2508 (RIDDOR) Form • First aider report/surgery record 	<ul style="list-style-type: none"> • Any internal accident reports prepared by foreman/supervisor/safety representative • Minutes following internal Health & Safety committee meeting to discuss the accident • Any correspondence from the Health & Safety Executive
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