

Public liability

Claim form

| Policy number | |
|---|------------------------------|
| Name of business(es) insured | |
| Correspondence address inc. post code | |
| Name of the director / person handling the claim on your behalf | |
| Contact email address | |
| Contact telephone number | |
| DETAILS OF CLAIM | |
| Date of occurrence | |
| Time of occurrence | |
| Place of occurrence | |
| Describe the work you or your employees or sub-cor | ntractors were engaged to do |
| | |
| | |
| | |
| | |
| Name and address of the company / person you were working for | |
| Name and address of the main contractor if not your firm | |
| Please explain how the injury, loss or damage occurr | red |
| | |
| | |
| | |
| | |
| Name and address of the person who caused the accident to occur | |
| If this was not your employee provide the name and address of the person's employer | |
| DETAILS OF WITNESSES | |
| Name of any witness to the loss / damage | |
| Address of any witness to the loss / damage | |
| Contact telephone number of any witness to the | |

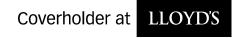


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| CIRCUMSTANCES OF THE CLAIM | | | | | | | | | | | |
|---|--------------|-----------------|------------|-----------|---------|------------|--------|------------|-------|-----|---|
| Damage | | | | | | | | | | | _ |
| Description of property damaged | | | | | | | | | | | |
| Nature and extent of damage | | | | | | | | | | | |
| Address where the property can be insp | pected | | | | | | | | | | |
| Has any claim been intimated | | | | | | | | | | | |
| Estimated cost of damage / repair | | | | | | | | | | | |
| Injury | | | | | | | | | | | |
| Description of the nature of the injury | | | | | | | | | | | |
| Was the injured party taken to hospital | | | | | | | | | | | |
| Date ceased work | | | | | | | | | | | |
| Date work resumed (if known) | | | | | | | | | | | |
| Authorities | | | | | | | | | | | - |
| Was the injury / damage reported to th | e Police | | | | | | | | | | |
| What is the Police crime reference num | ber | | | | | | | | | | |
| Name of Police office and number | | | | | | | | | | | |
| Police station name | | | | | | | | | | | |
| Police station address | | | | | | | | | | | |
| Name of Health & Safety officer reporte | ed to | | | | | | | | | | Ì |
| Please attach | | | | | | | | YES | T | NO | _ |
| Records /risk assessments / method sta | itements re | levant to the o | contract | | | | L | 1123 | | 110 | |
| Maintenance records of any plant involve | | | contract | | | | | | | | |
| Records of any other accidents occurring at the site / contract site / premises | | | | | | | | | | | |
| Records of any other complaints occurr | | | | | | | | | | | |
| , | | , | , | | | | | | | | |
| I/ we declare that the statements de Authorised signature | etailed in t | his submissi | ion are t | rue and a | accurat | e to the l | oest o | f my/our b | elief | | |
| Ŭ | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of signature | | | | | | | | | | | _ |
| Position | | | | | | | | | | | |

Please keep a copy of this submission for your own records



Date of signature