

Public Liability Claim Form



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NIG is the trading name of The National Insurance and Guarantee Corporation Ltd
Registered office: As above Registered in England and Wales number 42133

1 YOU THE POLICYHOLDER

PLEASE USE BLOCK CAPITALS

Name of Insured	<input type="text"/>		
Address	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Post Code	<input type="text"/>	Date Premium Paid	<input type="text"/>
Business/Occupation	<input type="text"/>	Telephone No	<input type="text"/>
Policy No	<input type="text"/>	Value Added Tax. Are you a registered person or company?	<input type="text"/>

2 CIRCUMSTANCES OF THE CLAIM

a	Date of Accident	<input type="text"/>	Time	<input type="text"/>	a.m./p.m.
b	Place	<input type="text"/>			
c	Give full details of how the accident occurred				
<input type="text"/>					
d	Name and Address of the Person who caused the Accident				
<input type="text"/>					
e	Name and Address of his/her employers				
<input type="text"/>					
f	Describe the work you or your employees were engaged to do				
<input type="text"/>					
g	Total number of your men employed on the contract				
i	direct employees	<input type="text"/>	ii	sub-contractors under your direction whether or not labour only	<input type="text"/>
h	Name and Address of the Company/Person for whom you were working and/or under contract				
<input type="text"/>					
i	Who were the Main Contractors?				
<input type="text"/>					
j	Give the name of the person injured, or of the owner of the damaged property				
<input type="text"/>					
k	Address				
<input type="text"/>					
l	Occupation				
<input type="text"/>					
m	Is this person in your service?				YES/NO <input type="checkbox"/>
If 'NO' state Name and Address of his/her Employers					
<input type="text"/>					

3 GENERAL INFORMATION

Damage

a Description of the property damaged

b Nature and extent of the damage

c Where can the damaged property be inspected

Injury

d Nature of the injury

e Date ceased work

f Date resumed

g Name of the hospital to which the injured person was taken

h Was the injured person detained?

i Give the name and address of all witnesses: (indicate if own employee or independent)

j Have the police taken particulars?

YES/NO

If 'YES' state identity of Officer and Station to which he/she attached.

k Have you received notice of the claim?

YES/NO

If 'YES' from whom, when and in what form

If the claim is in writing please forward with this form

l Have any steps been taken to compromise or settle the matter in anyway?

YES/NO

If 'YES' what and by whom?

m Are there any other policies covering you for this accident?

YES/NO

If 'YES' give details

I/We declare that no material information has been withheld and that all statements on this form are true to the best of my/our knowledge and belief. In addition the articles and property belong to the persons named and no other person has any interest whether as Owner, Mortgagee or Trustee. I/we understand that you may seek information from other insurers to check the answers I/we have provided, and I/we authorise the giving of such information for such purposes. I/we understand that you may seek information from other Insurers to check the answers I/we have provided.

INSURERS AND THEIR AGENTS SHARE INFORMATION WITH EACH OTHER TO PREVENT FRAUDULENT CLAIMS AND FOR UNDERWRITING PURPOSES VIA THE CLAIMS AND UNDERWRITING EXCHANGE REGISTER, OPERATED BY INSURANCE DATABASE SERVICES LTD. A LIST OF PARTICIPANTS IS AVAILABLE ON REQUEST. THE INFORMATION YOU SUPPLY ON THIS FORM, TOGETHER WITH THE INFORMATION YOU HAVE SUPPLIED ON YOUR APPLICATION FORM AND OTHER INFORMATION RELATING TO THE CLAIM, WILL BE PROVIDED TO PARTICIPANTS.

Date

Insured's Signature

Please complete and return this form as soon as possible. Damaged property should be protected from further deterioration but not disposed of without prior reference to the Company. If the claim is for repairable damage i.e. buildings, a Tradesman's estimate will be required.