**Public and Products Liability Claim Report Form**

***In the event of a claim or incident, please notify your insurance broker.***

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| --- |
| Policyholder Information |
| Policy Number |  | Name of Insured |  |
| Address |  |
| Contact Name |  |
| Phone number |  | Email Address |  |
| Is the policyholder registered for VAT?  | YES / NO |
|  |
| Accident Information |
| Date of Accident |  | Time of Accident |  |
| Address of Accident |  |
| Upon what date did you receive notice of accident, and from whom |  |
|  |
| Public Liability |
| Particulars of accident and state exactly how it occurred (if necessary, please continue overleaf): |  |
| Name of Witness |  | Occupation of witness |  |
| Address of Witness |  |
| Has the accident been reported to the police?  | YES / NO | If yes, which station |  |
| What work were your employees engaged upon |  |
| Was the work being carried out under contract?*N.B A copy of relevant contract may be required by insurers as part of their investigations* | YES / NO |
| Was work being carried out by bona fide subcontractors*N.B A copy of the relevant BFSC insurance schedule will be required by insurers as part of their investigations* | YES / NO |
| Do you accept responsibility for the accident?  | YES / NO |
| If not, whom do you consider responsible and why? |  |
|  |
| Product Liability |
| Please identify product involved to include the model or serial no. *Any explanatory literature or brochures concerning product would be helpful to insurers.* |  |
| Do you manufacture the product?  | YES / NO |
| If NO, please advise name and address of manufacturer |  |
|  |  |
|  |  |
| Do you supply product direct to the claimant(s)?  | YES / NO |
| If NO, please advise name and address of intermediary to whom you supplied the product |  |
| Please advise approximately how long you have manufactured/supplied this product |  |
| Describe the nature of the alleged defect in the product |  |
| Was the product supplied with any special instructions for use? *If it is considered that a failure to comply with such instructions has contributed to or caused the accident please forward a copy of the relevant instructions.* | YES / NO |
| Has the product been returned by claimant and/or supplier for testing? *If so, please provide a copy of any technical report prepared.* | YES / NO |
| Do you accept an allegation of faulty manufacture of your product?  | YES / NO |
| Do you accept an allegation of faulty design of your product?  | YES / NO |
|  |
| Claimant Information |
| Has the claim been made upon you to date?  | YES / NO |
| If YES, please state when and whether verbally or in writing |  |
| Please give name and address of claimant or potential claimant |  |
| Please set out in detail the injury and/or damage sustained |  |
|  |
| *N.B any communication that you receive about the accident should not be answered but sent to insurers immediately.* |
|  |
| Completed by |
| I confirm that the information contained in this form is true and complete to the best of my knowledge and believe that I have no other insurance which will respond to this claim.(THIS FORM MUST BE SIGNED BY A DIRECTOR OR PRINCIPAL) |
| Name  |  |
| Signature |  | Date |  |

**Your insurance broker will need to pass the completed form onto Sutton Specialist Risks Ltd.**