**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 | | | | | | | | | | | | | | | | | | | | | | |
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| 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 | | | | | | |  | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | |
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| 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 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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| *N.B any communication that you receive about the accident should not be answered but sent to insurers immediately.* | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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.**