

**Public and Products Liability Report Form**

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

# Section 1 – Insured

Name of Policy Holder Address

Trade or Occupation Telephone No.

Policy No. Renewal Date

Name of Official to be contacted in connection with this accident Are you registered for VAT? YES / NO

# Section 2 – Accident

Address where accident occurred Date and time of accident

Upon what date did you receive notice of accident, and from whom

## Please complete either section 3 or 4, but not both

Section 3 – Public Liability *(If product involved complete Section 4)*

Give full particulars of accident and state exactly how it occurred

Names and addresses of witnesses of accident, and whom employed

Has the accident been reported to the police? YES / NO If yes, at what Station

What work were your employees engaged upon

Was the work being carried out under contract? YES / NO *N.B A copy of relevant contract may be required by insurers as part of their investigations*

Do you accept responsibility for the accident? YES / NO If not, whom do you consider responsible and why?

# PLEASE TURN OVER

Section 4 – Product Liability *(alternative to Section 3)*

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 not, please advise name and address of manufacturer

Do you supply product direct to the claimant(s)? YES / NO

If not, 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? YES / NO

*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.*

Has the product been returned by claimant and/or supplier for testing? YES / NO

*If so, please provide a copy of any technical report prepared.*

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

# Section 5 – Claimant information

Has the claim been made upon you to date? YES / NO

If so, 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 the company immediately.*

I/We declare that the foregoing particulars to be true to the best of my/our knowledge and belief and that I/we have no other insurance which will respond to this claim.

Signature Date