



**QBE Insurance
(Europe) Limited**

Acclaim House
Central Park
New Lane
Leeds
LS11 5UF

tel +44 (0)113 244 8015
fax +44 (0)113 242 2587
enquiries@qbe-europe.com
www.QBE.com

Public and Products Liability Report Form

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