

## PUBLIC / PRODUCTS LIABILITY CLAIM FORM

Please complete this form as fully as possible. If there is insufficient space please use a separate sheet of paper.

### ABOUT THE POLICYHOLDER

Name of  
Policyholder

Policy No.

Address

Tel. No.

Email

Occupation

Are you registered for VAT?

Can you recover VAT in respect of this claim?

### ABOUT THE INCIDENT

Where did it  
occur?

On what date?

At what time?

Describe what  
happened

Give name and  
address of any  
witnesses to the  
incident

What is the relationship,  
if any, of the witnesses  
to the Policyholder  
and/or the third party?

Where was each  
witness at the time  
of the incident?

Please complete the relevant following sections

### DAMAGE TO THIRD PARTY PROPERTY

Who is the owner of the damaged property (the third party)?

What is the address of the third party?

Describe the property that it is alleged has been damaged, and the nature of the alleged damage.

Do you consider that you are responsible for the damage? Please explain why.

### THIRD PARTY INJURY

What is the name of the injured person?

What is the address of the injured person?

Describe what you know about the injury.

Do you consider that you are responsible for the injury? Please explain why.

### THIRD PARTY CLAIM

Has a claim been made against you, either verbally or in writing? If so provide details and attach copies of any correspondence.

### DECLARATION

I/We declare that the information given on this form is true to the best of my/our knowledge and belief. I/We understand that information may be requested from other parties to check the information that has been given.

Signature

Date

Print name

Position