

Public Liability Report Form

**DAVID
ROBERTS
& PARTNERS
GROUP**

POLICYHOLDER

Policy Number	<input type="text"/>		
Full Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Contact Name	<input type="text"/>		
Telephone Number	<input type="text"/>	Email Address	<input type="text"/>
Are you VAT registered?	If YES, what percentage can you recover?		<input type="text"/> %

INCIDENT DETAILS

Date of Incident	<input type="text"/>	Time of Incident	<input type="text"/>	<input type="text"/>	<input type="text"/>
Where did the Incident take place?	<input type="text"/>				
Was the incident connected with machinery?	<input type="text"/>	<input type="text"/>			
If YES, was it properly guarded?	<input type="text"/>	Was the guard in use?	<input type="text"/>	<input type="text"/>	
Has HM Factory Inspector/Health & Safety Executive/Local Authority investigated the incident?	<input type="text"/>				
Has there been a warning of prosecution?	<input type="text"/>	<input type="text"/>			

PUBLIC LIABILITY

Nature of work being carried out at the time	<input type="text"/>		
<input type="text"/>			
If in or about a building is the building owned/occupied by you?	<input type="text"/>	If no, by whom?	<input type="text"/>
What is the type of building? (e.g. shop/factory etc)	<input type="text"/>		
Did anyone admit it was their fault?	<input type="text"/>	If YES, who? Please state name, address and telephone number	
<input type="text"/>			
If this person is not in your employ state by whom employed. Please state name, address and telephone number			
<input type="text"/>			

PUBLIC LIABILITY Continued

Were you working as a sub-contractor? ☐

If YES, who? Please state name, address and telephone number

Did anyone witness the incident? ☐

If YES, who? Please state name, address and telephone number

OTHER INSURANCE

Do you have any other insurance which may cover this claim? ☐

If YES, please state type of policy, insurer and policy number

INJURIES If more than one person please continue on a separate sheet

Full Name

Address

Postcode

Date of Birth

Injuries sustained

Hospital attended? ☐

If YES, please state which hospital

PROPERTY

Name of owner of the property

Address

Postcode

Business / Occupation

Contact Name

Telephone Number

Description of Property

Details of damage to the Property

Amount claimed

DESCRIPTION OF INCIDENT

Please include a sketch if necessary, continue on separate sheet if required

DECLARATION

I/We declare that these particulars are true to the best of my/your knowledge (in case of joint policy holders, both should sign)

Signature

Date