

Public Liability Report Form

DAVID
ROBERTS
&PARTNERS
GROUP

POLICYHOLDER

Policy Number

Full Name

Address

Postcode

Contact Name

Telephone Number Email Address

Are you VAT registered? If YES, what percentage can you recover? %

INCIDENT DETAILS

Date of Incident Time of Incident

Where did the Incident take place?

Was the incident connected with machinery?

If YES, was it properly guarded? Was the guard in use?

Has HM Factory Inspector/Health & Safety Executive/Local Authority investigated the incident?

Has there been a warning of prosecution?

PUBLIC LIABILITY

Nature of work being carried out at the time

If in or about a building is the building owned/occupied by you? If no, by whom?

What is the type of building? (e.g. shop/factory etc)

Did anyone admit it was their fault? If YES, who? Please state name, address and telephone number

If this person is not in your employ state by whom employed. Please state name, address and telephone number

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