



Public Liability Claim Form

For assistance in completing this form please call Garratts Insurance Brokers on 01772 55 55 76

IMPORTANT - PLEASE READ FIRST:

- (i) If you have an accident you must report it to your Insurer
- (ii) Completion of this Claim Form confirms your wish to claim under your policy. If you are completing this form for information only please tick this box.
This provision does not apply in respect of accidents involving Personal Injury or damage to the property of Third Parties. In these respects the Company retains full discretion in the handling of claims made against you.
- (iii) Should you wish to discuss the implication of any steps which may be taken by the Company in respect of claims made against you, please contact Garratts Insurance Brokers.
- (iv) Claims & Underwriting Exchange: Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims & Underwriting Exchange register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.
- (v) Please complete this form and return within 30 days of the loss to the address on the final page.
- (vi) The Company does not admit liability by issuing this form.

Insured

Policy No.	<input type="text"/>	Renewal Date	<input type="text"/>
Full Name	<input type="text"/>	Position	<input type="text"/>
Company Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Tel No. (Office)	<input type="text"/>	Mobile Tel No.	<input type="text"/>
Date Last Premium Paid	<input type="text"/>		

Additional Details

Type of Business	<input type="text"/>		
VAT Registration No. (if applicable)	<input type="text"/>	Annual Turnover	£ <input type="text"/>
Clerical Wage Roll	£ <input type="text"/>	Non-Clerical Wage Roll	£ <input type="text"/>

Description of work

Describe the precise contract of work undertaken at the time of the incident

Accident details

Time of accident

Date of accident

Where incident occurred

Describe fully the circumstances that led to the damage/injury. Please attach a sketch and/or photographs if possible.

[Empty text input field]

[Empty text input field]

[Empty text input field]

[Empty text input field]

[Empty text input field]

[Empty text input field]

[Empty text input field]

[Empty text input field]

[Empty text input field]

[Empty text input field]

Plant Machinery

If plant or machinery is involved please provide the following details. [Empty text input field]

Make and Type [Empty text input field]

Registration Number [Empty text input field]

Owners Name [Empty text input field] Address [Empty text input field]

[Empty text input field]

[Empty text input field]

Post code [Empty text input field] Telephone Number [Empty text input field]

Was the plant/machinery hired by you? Yes No

If 'YES' who hired from? [Empty text input field]

Was the plant/machinery hired out by you? Yes No

If 'YES' who hired to? [Empty text input field]

If hire was involved please attach a copy of the terms and conditions.

Name and address of driver of plant/machine [Empty text input field]

[Empty text input field]

Telephone number if known [Empty text input field]

Who employs the driver? [Empty text input field]

Under whose instructions was the driver working? [Empty text input field]

Site

Please provide the following details if there was more than one contractor on site.

Main Contractor [Empty text input field]

Other contractors (please state if they are labour only) [Empty text input field]

[Empty text input field]

If you are not the main contractor who were you contracted to? [Empty text input field]

Please confirm the terms of your contract or attach a copy [Empty text input field]

For whom did the responsible party work? [Empty text input field]

Claim

Has any claim been made on behalf of the third party either verbally or in writing? Yes No

Was the claim Writen? or Verbal?

Important: All correspondance received should be forwarded immediately, unanswered.

(This is in order to supply insurance details to the claimants representative)

Make no admission of liability or promise of payment.

Witnesses

Name	<input type="text"/>	Address	<input type="text"/>
<input type="text"/>			
Telephone	<input type="text"/>	Employee	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	<input type="text"/>	Address	<input type="text"/>
<input type="text"/>			
Telephone	<input type="text"/>	Employee	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	<input type="text"/>	Address	<input type="text"/>
<input type="text"/>			
Telephone	<input type="text"/>	Employee	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name	<input type="text"/>	Address	<input type="text"/>
<input type="text"/>			
Telephone	<input type="text"/>	Employee	Yes <input type="checkbox"/> No <input type="checkbox"/>

Liability

Do you feel you are liable for the accident? Yes No

If not please confirm who is liable and why?

Third Party/Claimant

Name

Age OR Approximate age

Address

Telephone Telephone evening

Injury

What injuries were sustained?

Where was the third party treated?

Was the third party detained in hospital? Yes No

Property damage

Please describe the property damaged

Who owns the property?

Age of property Value £ Cost or repair

Pre accident condition

Where is the property now?

Underground Services

If the claim involves damage to underground pipes, cables etc, please complete this section.

Please supply the following information:

1. (a) What action did you take prior to undertaking the work, to ascertain from the appropriate Public Authorities the location and depth of all underground services.

(b) If you obtained the plans, from where were they obtained?

2. (a) Were any enquiries made on site to check or determine position of underground services? Yes No

(b) If so, what tests were carried out (e.g. trial holes)?

(c) Did representatives of cable/pipe owners visit site to assist in location? Yes No

3. (a) Were damaged cables/pipes found in position marked? Yes No

(b) What was the amount of deviation from the marked and actual position?

(c) What was the depth at which you were working?

4. (a) Was the damage caused by: Mechanical plant (self-propelled)? Hand operated plant? Hand tools?

(b) In case of mechanical plant, please state:

(i) Name of owner and address

(ii) Name of driver

(iii) Name and address of driver's employee

(iv) Type of plant involved

(v) Registered number or identification number of plant:

(vi) If you are the plant owner give name and address of motor insurer of the plant:

Name Address

5. (a) Is work still in progress? Yes No

(b) If so who is the foreman or supervisor?

(c) What is the site telephone number?

Declaration

I/We declare that to the best of my/our knowledge and belief that the above is a full and accurate statement and I/We therefore claim the sum

of £

Date

Signature of Policyholder

Once completed, please post this form to:

Garratts Insurance Brokers
Camden House 2 Camden Place Preston PR1 3JL

garratts
insuring the past, present and future

Tel: 01772 55 55 76 Fax: 01772 55 55 86 Email: office@garrattsinsurance.co.uk Web: www.garrattsinsurance.co.uk