Public Liability Claim Form

NIG Commercial Claims P O Box 1151 Bromley BR1 9WB

Please note - you can complete this form on screen. When completing please use the tab and arrow keys to move between the relevant fields. Ensure you do not use the return or enter keys.

If completing by hand, please answer all questions using BLOCK CAPITALS.

1 You the Policyholder

Name of the Insured

Address

Town

County

Postcode

Date Premium Paid

Business/Occupation

Telephone Number

Policy Number

Value Added Tax. Are you a registered person or company? Yes ☐ No ☐

2 Circumstances of the Claim

a Date (dd/mm/yyyy) Time

am pm

b Exact place where Accident/Loss occurred

c Give full details of how the accident occurred

d Name and Address of the Person who caused the Accident

e Name and Address of his/her employers

f Describe the work you or your employees were engaged to do

g Total number of your men employed on the contract

i direct employees

ii sub-contractors under your direction whether or not labour only

h Name and Address of the Company/Person for whom you were working and/or under contract

i Who were the Main Contractors?

2 Circumstances of the Claim *continued*

j Give the name of the person injured, or of the owner of the damaged property

k Address

l Occupation

m Is this person in your service? Yes ☐ No ☐

If **no**, state Name and Address of his/her Employers

3 General Information

Damage

a Description of the property damaged

b Nature and extent of the damage

c Where can the damaged property be inspected?

Injury

d Nature of the injury

e Date ceased work (dd/mm/yyyy)

f Date resumed (dd/mm/yyyy)

g Name of the hospital to which the injured person was taken

h Was the injured person detained?

i Give the name and address of all witnesses: (indicate if own employee or independent)

j Have the police taken particulars? Yes ☐ No ☐

If **yes**, state identity of Officer and Station to which he/she attached.

k Have you received notice of the claim? Yes ☐ No ☐

If **yes**, from whom, when and in what form?

If the claim is in writing please forward with this form

l Have any steps been taken to compromise or settle the matter in anyway?

Yes ☐ No ☐

If **yes**, what and by whom?

m Are there any other policies covering you for this accident?

Yes ☐ No ☐

If **yes**, give details

3 General Information *continued*

n The following documents are requested:

Insured	Claim Number	Broker Reference

Standard Document Disclosure List

Document	Available	
Records of inspection for the relevant area	Yes ☐	No ☐
Maintenance records including reports of independent contractors working in relevant area	Yes ☐	No ☐
Records of the minutes of meetings where maintenance or repair policy has been discussed or decided	Yes ☐	No ☐
Records of complaints about the state of the area	Yes ☐	No ☐
Records of other accidents which have occurred on the relevant area	Yes ☐	No ☐
Copies of any contracts or other documents relating to sale or agreement	Yes ☐	No ☐
Copies of leases if accident involves premises	Yes ☐	No ☐

I/We declare that no material information has been withheld and that all statements on this form are true to the best of my/our knowledge and belief. In addition the articles and property belong to the persons named and no other person has any interest whether as Owner, Mortgagee or Trustee. I/We understand that you may seek information from other insurers to check the answers I/we have provided, and I/we authorise the giving of such information for such purposes.

Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims and 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.

Signature	Date (dd/mm/yyyy)

Please complete and return this form as soon as possible. Damaged property should be protected from further deterioration but not disposed of without prior reference to the Company. If the claim is for repairable damage i.e. buildings, a Trademan's estimate will be required.

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