

# Public Liability Claim Form

## Injured Person



Policy or Claim Number

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### SECTION 1 – INSURED'S DETAILS

Policyholder \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_  
Telephone \_\_\_\_\_  
Contact name \_\_\_\_\_ Email \_\_\_\_\_  
Business/occupation \_\_\_\_\_  
VAT registered?  Yes  No

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### SECTION 2 – THE ACCIDENT

Date and time of accident \_\_\_\_\_

Address at which damage occurred \_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_

State exactly how the damage occurred \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### SECTION 3 – INJURED PERSON

Name and address of third party \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode \_\_\_\_\_

Was the accident caused by any other party?  Yes  No If yes, please provide details  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of injured party \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of injuries sustained

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was the equipment hired?  Yes  No If yes, was the hire subject to CPA agreement?

\_\_\_\_\_

Was the work being undertaken the subject of any contract?  Yes  No  
If yes, please give details or provide a copy of the contract

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4 – WITNESSES**

Please give names and addresses of all witnesses (if necessary continue on a separate sheet of paper)

| 1        | 2        | 3        |
|----------|----------|----------|
|          |          |          |
|          |          |          |
|          |          |          |
| Postcode | Postcode | Postcode |

**SECTION 5 – DECLARATION**

I/we declare that the above statements are true and correct to the best of my/our knowledge and belief. I/we have not withheld from the insurer any information within my/our knowledge connected with this claim.

I/we agree to provide the insurers with any further information or documentation as may be reasonably required. I/we understand that insurers do not admit liability by the issue of this form.

|                           |          |                    |
|---------------------------|----------|--------------------|
| Signature of policyholder | Position | Date<br>□□ □□ □□□□ |
|---------------------------|----------|--------------------|