

Public Liability Claim Form

Property Damage



Policy or Claim Number

SECTION 1 – INSURED'S DETAILS

Policyholder _____
Address _____

Postcode _____
Telephone _____
Contact name _____ Email _____
Business/occupation _____
VAT registered? Yes No

SECTION 2 – THE ACCIDENT

Date and time of accident _____

Address at which damage occurred _____

Postcode _____

State exactly how the damage occurred _____

SECTION 3 – PROPERTY DETAILS

Name and address of third party _____

Postcode _____

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

Details of property damage sustained _____

Estimated cost of repairs _____

Details of any plant or equipment involved

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.

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|---------------------------|----------|--------------------|
| Signature of policyholder | Position | Date □□ □□ □□□□ |
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