

Claims Reference No. (if known)

PRODUCT LIABILITY CLAIM FORM

1. You the Policyholder

Name of Insured

Address

Postcode

Contact Number

Policy Number

Business Name

Date Premium paid

If registered, please supply VAT Reg Number

2. Circumstances of the claim

a. Type of Product

Volume produced

b. Production dates:

to

c. Production batch numbers:

from

to

d. Give full details of how the incident occurred

e. Has the product been recalled? If yes please detail the date and reason

f. Were all quality control procedures followed? Please detail any anomalies

g. Is the fault due to an externally supplied component?
If Yes, please supply copy of contact and contract details

h. Has the product been returned? **Yes** **No**

i. If Yes please provide the location address for inspection

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

k. Their address

l. Their occupation

m. Is this person under 18 years of age? **Yes** **No**

If Yes, Date of Birth

If "YES" state name and address of parent/guardian if known

3. General information

Complete if damage to property was involved

a. Description of the property damaged

b. Date of incident

c. Nature and extent of the damage

d. Where can the damaged property be inspected

Complete if injury to a person involved

e. Nature of the injury

f. Date of incident

g. Date unable to work from (due to this event)

h. Date resumed work (if known)

i. Name of the hospital / doctor to which the injured person was taken

j. Was this by NHS Ambulance?

Yes

No

k. Was the injured person detained? If yes, for how many nights?

l. Give the names and addresses of all witnesses. (Please state if they are your employee or independent)

m. Have the police taken particulars? Yes No

If "YES" state identity of Officer and Station to which he/she attached

n. 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 a copy with this form

o. Have any steps been taken to compromise or settle the matter in anyway? Yes No

If "YES" what action taken and by whom?

p Are there any other policies covering you for this incident? Yes No

If "YES" give details of policy number and Insurer, including their address

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 THE APPLICATION FORM AND OTHER INFORMATION RELATING TO THE CLAIM, WILL BE PROVIDED TO PARTICIPANTS.

Insured's Signature

Date

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.