

# PUBLIC LIABILITY CLAIM FORM

Broker Ref:

Policy No:

<b>POLICY HOLDER</b>	
<b>Name</b>	
<b>Address</b>	
<b>Postcode</b>	
<b>Occupation</b>	
<b>Contact telephone number</b>	
<b>Are you registered under the VAT Regulations – if yes please provide details</b>	

<b>INCIDENT</b>	
<b>Date &amp; time</b>	
<b>Location</b>	
<b>Full description of the accident</b>	
<b>Name and address of person who caused the accident</b>	
<b>Was he/she in your employ – if not please state name and address of employer</b>	
<b>Has any accident happened before due to the same cause</b>	
<b>What was the extent of the injury or damage sustained by the third party</b>	
<b>If in respect of property state the approximate value or the loss or damage</b>	
<b>To whom was the complaint reported – please provide date and time</b>	

<b>THIRD PARTY/CLAIMANT</b>	
<b>Name</b>	
<b>Address</b>	

<b>WITNESSES</b>	
<b>Name/s</b>	
<b>Address/s</b>	
<b>Have you received a claim – if so from whom</b>	
<b>Was the matter reported to the Police – if so please provide full details, station, officers number etc</b>	

**I/We declare to the best of my/our knowledge and belief that the details given on this form are true, I/We understand that you may seek information from other Insurers to check the answers that I/we have provided.**

**Signature of Policyholder** \_\_\_\_\_ **Dated** \_\_\_\_\_

Please return this form to: Bradshaw Bennett Ltd, Catherine House, Catherine Street, Macclesfield, Cheshire SK11 6BB

*Insurers pass information to the claims and underwriting exchange register run by Insurance Database Services Ltd (IDS Ltd) and Motor Insurance Anti-Fraud and Theft Register run by the Association of British Insurers (ABI). The aim is to help us check information provided and also to prevent fraudulent claims. Under the conditions of your policy you must tell us about any incident (such as accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the Registers.*