



Guidance Notes – Public Liability Claim Form

SECTION 1 - INSURED DETAILS

Please give your full details including your policy number to help us to locate the policy without unnecessary delays. Please also make sure that the contact numbers you give are for office hours – you'd be surprised how many people give us their home number when they're at work all day! Any delays in contacting you will delay the claim unnecessarily.

SECTION 2 - DETAILS OF THE INCIDENT

You must provide us with complete details including the exact date and time the incident occurred (To the best of your knowledge). This is extremely important for all types of claims and enables us to investigate your claim fully. Please make sure that you provide us with a Full Description of Accident Circumstances, and please make sure that you answer all questions in full. Any information not provided will mean that we will have to request this information from you which may cause further un-necessary delay.

SECTION 3 – DETAILS OF THE LOSS/DAMAGE

Please make sure that you provide us with all the requested information to the best of your knowledge, any information not supplied will mean that we will have to request this information from you which may cause further un-necessary delay.

SECTION 4 - DECLARATION

Please read this section carefully before signing. You are signing to confirm that everything you have submitted to substantiate the claim (including the actual claim form) are true and correct to the best of your knowledge.



PUBLIC LIABILITY CLAIM FORM

SECTION 1

INSURED DETAILS

Name of Insured:

Policy Number:

Risk Address:

Contact Name:

Contact Number(s):

Has any notice of any claim by a Third Party (eg Solicitors) been given in writing?

Yes

No

SECTION 2

DETAILS OF INCIDENT

Date of accident:

Time of accident:

_____ am pm

Address where accident occurred:

Accident Circumstances:

Who, in your opinion, is responsible for the accident and why?

SECTION 3

DETAILS OF LOSS/DAMAGE

Property Damage Claims:

Owners' name:

Their address:

Details of property damaged:

Injury Claims:

Details of Person(s) Injured: *(please attach a copy of the Accident Book Entry)*

Name	Address	Occupation	Age	Injury

Details of Witness(es) of Accident:

Name	Address

SECTION 4

NOTES & DECLARATION

Notes:

The law dictates that you report certain incidents to your Local Authority and/or HSE Office. Full details and a further explanation of the types of incidents that have to be declared can be found on the HSE website by clicking this link <http://www.hse.gov.uk/riddor/facts.htm>

If the accident was fatal, please contact us on 01489 572121 immediately stating when and where the inquest is to be held.

Policyholders are requested NOT to inform claimants that they are insured but simply to confirm that an enquiry will be made.

All third party correspondence regarding the claim should be forwarded to us unanswered.

Declaration:

I/We confirm that this claim form has been completed to the best of my/our knowledge and represents a true statement of the facts.

I/We agree that the underwriters may carry out whatever investigations are considered to be necessary.

I/We confirm that this claim form remains the property of the underwriters and the information given by me/us shall be confidential and for the use of the underwriters and/or their appointed representatives.

Signed:

Capacity:

Date:

Please fax or post the completed form with all supporting documentation to:

Claims Department, John Beard & Son Ltd, William Beard House, 44 Botley Road, Park Gate,
Southampton, Hampshire, SO31 1BB

Fax: 01489 56261
