Please ensure the claim form is completed in full to prevent delays in settlement of your claim

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| **Policyholder details** | |
| Name of insured: | |
| Daytime contact number: | |
| Address of insured: | |
| Business or occupation: | |
| Policy no: | VAT registered: |
| **General questions** | |
| Date & time of loss/damage: | |
| Where did the incident happen: | |
| Has HM Factory Inspectorate/Health & Safety/Local Authority investigated since the incident: | |
| Has there been a warning of prosecution:  If ‘Yes’, please provide details: | |
| **Incident details** | |
| Details of product: | |
| Please state if you manufacture, distribute, supply or retail the product: | |
| What caused the claim: | |
| Was the product defective:  If ‘Yes’, please provide details: | |
| Was the product used in accordance with instructions:  If ‘No’, please explain: | |

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| What remedial action is being taken: | | |
| From whom did you obtain the defective product: | | |
| If contract work, please explain nature of the contract: | | |
| **Injury details**  **If more than one person, please list at end of form** | | |
| Name of injured person: | | |
| Contact no: | | |
| Address: | | |
| Business/Occupation: | | Age: |
| Injuries sustained: | | |
| **Property details** (only complete if property damage has occurred) | | |
| Owners name: | Contact no: | |
| Address: | | |
| Business/Occupation: | | |
| Nature of damage: | | |
| **Description of occurrence** | | |
| Please provide a full description of the incident: | | |
| **I/We declare that the foregoing statement is a true account to the best of my/our knowledge and belief** | | |
| **Declaration** | | |
| Insert name: | Date: Click here to enter a date. | |
| Position in company: | | |

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| Additional injured : |