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

|  |
| --- |
| **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:       |

|  |
| --- |
| 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:       |

|  |
| --- |
| Additional injured : |