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:        |
| **General questions** |
| Date & time of incident:        |
| Where did the incident happen:       |
| If incident was connected with machinery: A) Was it properly guarded:  B) Was guard in use:  |
| Has HM Factory Inspectorate/Health & Safety Executive/Local Authority investigated since the incident:      |
| Has there been a warning of prosecution: If ‘Yes’, please provide details:       |
| **Incident details** |
| Nature of work being carried out at the time:      |
| Was anyone to blame: If ‘Yes’, please give name, address and contact no:       |
| Were you working as a sub-contractor: If ‘Yes’, please give name, address and contact no:       |
| Did anyone witness the incident: If ‘Yes, please give name, address and contact no:      |
| Has incident been reported to RIDDOR (if applicable):  |

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| **Injury details** |
| 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:      |
| **Declaration** |
| Insert name:       | Date: Click here to enter a date. |
| Position:        |