PRODUCT LIABILITY CLAIM FORM

LION
Insurance Consultants

1.YOU THE POLICYHOLDER

NAME OF INSURED

ADDRESS

POSTCODE

CONTACT NUMBER :

POLICY NUMBER :

IF REGISTERED, PLEASE SUPPLY VAT REG NUMBER

2.CIRCUMSTANCE OF THE CLAIMS

A.TYPE OF PRODUCT

VOLUME PRODUCED

B.PRODUCTION DATES

TO

C.PRODUCTION BATCH NUMBERS

FROM

TO

D.GIVE FULL DETAILS OF HOW THE INCIDENT OCCURED

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E. HAS THE PRODUCT BEEN RECALLED? IF YES PLEASE DETAIL THE DATE AND REASON

F. WERE ALL QUALITY CONTROL PROCEDURES FOLLOWED? PLEASE DETAIL ANY ANOMALIES

G. IS THE FAULT DUE TO AN EXTERNALLY SUPPLIED COMPONENT?
IF YES, PLEASE SUPPLY COPY OF CONTRACT AND CONTRACT DETAILS

H. HAS THE PRODUCT BEEN RETURNED? ☐ **YES** ☐ **NO**

I.IF YES PLEASE PROVIDE THE LOCATION ADDRESS FOR INSPECTION?

J.GIVE THE NAME OF THE PERSON INJURED, OR THE OWNER OF THE DAMAGED PROPERTY?

K. THEIR ADDRESS

I.THEIR OCCUPATION

PRODUCT LIABILITY CLAIM FORM

M. IS THIS PERSON UNDER 18 YEARS OF AGE? ☐ YES ☐ NO

IF YES, DATE OF BIRTH

IF 'YES' STATE NAME AND ADDRESS OF PARENT/GUARDIAN IF KNOWN

3. GENERAL INFORMATION

completed if damage to property was involved

A.DESCRIPTION OF THE PROPERTY DAMAGED

B. DATE OF INCIDENT

C.NATURE AND EXTENT OF THE DAMAGE

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complete if injury to person involved

E.NATURE OF THE INJURY

F. DATE OF INCIDENT

G. DATE UNABLE TO WORK FROM (DUE TO EVENT)

H.DATE RESUMED WORK (IF KNOWN)

I. NAME OF THE HOSPITAL/DOCTOR TO WHICH THE INJURED PERSON WAS TAKEN

J. WAS THIS NHS AMBULANCE? ☐ **YES** ☐ **NO**

K.WAS THE INJURED PERSON DETAINED? IF YES, FOR HOW MANY NIGHTS?

I.GIVE THE NAMES AND ADDREESSES OF ALL WITNESSES. (PLEASE STATE IF THEY AE YOUR EMPLOYEES OR INDEPENDENT)