

PUBLIC LIABILITY CLAIM FORM



1. YOU THE POLICYHOLDER

NAME OF INSURED

ADDRESS

POSTCODE

CONTACT NUMBER :

POLICY NUMBER :

IF REGISTERED PLEASE SUPPLY VAT REG NUMBER :

2. CIRCUMSTANCES OF THE CLAIM

A. DATE OF ACCIDENT

TIME

B. PLACE :

C. GIVE FULL DETAILS OF HOW THE ACCIDENT OCCURED

THANK YOU FOR YOUR INFORMATION

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D. NAME AND ADDRESS OF THE PERSON WHO CAUSED THE ACCIDENT

E. NAME AND ADDRESS OF HIS/HER EMPLOYERS

F. DESCRIBES THE WORK YOU OR YOUR EMPLOYEES WERE ENGAGED TO DO

G. TOTAL NUMBER OF YOURS ENGAGED ON THE CONTRACT

I) DIRECT EMPLOYEES

II) SUB-CONTRACTORS UNDER YOUR DIRECTION WHETHER OR NOT LABOUR ONLY

H. NAME AND ADDRESS OF THE COMPANY /PERSON FOR WHOM YOU WERE WORKING AND /OR UNDER CONTRACT

I. WHO WERE THE MAIN CONTRACTORS

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

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K.ADDRESS

L.OCCUPATION

M. IS THIS PERSON IN YOUR SERVICE?

YES

NO

IF "NO" STATE NAME AND ADDRESS OF HIS/HER EMPLOYEE

3. GENERAL INFORMATION

COMPLETE IF DAMAGE TO PROPERTY WAS INVOLVED

A. DESCRIPTION OF THE PROPERTY DAMAGED

B. NATURE AND EXTENT OF THE DAMAGE

C.WHERE CAN THE DAMAGED PROPERTY BE INSPECTED?

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COMPLETE IF INJURY TO A PERSON INVOLVED

D.NATURE OF THE INJURY

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

F. DATE RESUMED WORK (IF KNOWN)

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

H.WAS THIS BY NHS AMBULANCE?

YES

NO

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

J.GIVE THE NAMES AND ADDRESSES OF ALL WITNESES.

(PLEASE STATE IF THEY ARE YOUR EMPLOYEE OR INDEPENDENT)

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K. HAVE THE POLICE TAKEN PARTICULARS?

YES

NO

IF 'YES' STATE IDENTITY OF OFFICERS AND STATION TO WHICH HE/SHE ATTACHED

I. HAVE YOU RECEIVED NOTICE OF THE CLAIM

YES

NO

IF 'YES' FROM WHOM, WHEN AND IN WHAT FORM

IF THE CLAIM IS IN WRITING, PLEASE FORWARD A COPY WITH THIS FORM

**M. HAVE ANY STEPS BEEN TAKEN TO COMPROMISE OR SETTLE THE
MATTER IN ANYWAY?**

YES

NO

IF 'YES' WHAT ACTION TAKEN AND BY WHOM?

**N. ARE THERE ANY ANY OTHER POLICIES COVERING YOU FOR THIS
INCIDENT?**

YES

NO

**IF 'YES' GIVE DETAILS OF POLICY NUMBER AND INSURER, INCLUDING
THEIR ADDRESS**

THANK YOU FOR YOUR INFORMATION

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