

# TOWN & COUNTRY

## insurance-policies.co.uk

### PUBLIC LIABILITY CLAIM

#### (1) BROKER DETAILS

Name	Town & Country Insurance
Address	16 East Street, South Molton, Devon, Ex36 3BU.
Telephone:	01769 572557
Fax:	01769 574806
Email	info@insurance-policies.co.uk

#### (2) YOU THE POLICYHOLDER

Name:	
Address:	
Policy Number:	
Telephone:	
Mobile	
Email:	
Business/Occupation	

#### (3) CIRCUMSTANCES OF CLAIM

Date & Time of Incident	
Place	
Did any person cause the accident/loss	
Was that person in your Employment	Yes <input type="checkbox"/> No <input type="checkbox"/> (give details)
Was that person a labour only sub contractor	Yes <input type="checkbox"/> No <input type="checkbox"/> (give details)
What that person a bona fide sub contractor	Yes <input type="checkbox"/> No <input type="checkbox"/> (give details)
Give full details of how the incident occurred	
Describe nature of work you were employed to do	
Did you give a quote/contact terms	Yes <input type="checkbox"/> No <input type="checkbox"/> (give details)

If YES Can you attach a copy		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please state total number of men employed on the contract below			
Direct employees			
Sub Contractors			
T/O of Contract/Job			
Name & address of the company/person for whom you were and/or under contract:			
Were you working directly for a customer or was it a sub contractor			
Give the name of the injured or of the owner of property damage			
There occupation			
Are they suffering ongoing financial losses		Yes No	
Name & Address of his/hers employers (if applicable)			
Please give name & addresses of all witnesses			

#### (4) REPORTS/FORMS/PHOTOS

Was an accident form filled out	Yes	No	If YES please attach
Are there any written reports from time of incident/post incident/near miss etc	Yes	No	If YES please attach
Where any photos taken of the area, injured, machinery	Yes	No	If YES please attach

#### (5) ADDITIONAL INFORMATION

Please state below any additional information/sketches etc that you think relevant:	

#### (6) DECLARATION

I/We hereby declare the foregoing particulars to be correct in all respects:	
Signature:	
Status:	Date: