

IMPORTANT: All correspondence received should be forwarded unanswered. Ensure not to make any admission of liability or any promise of payment.

SECTION 1 - POLICYHOLDER	
Policyholder Name:	
Policy Number:	
Address:	
Postcode:	
Annual turnover:	
Non-clerical wage roll:	
Can the policyholder recover VAT:	Tick one: Yes No Partially
If yes/partially, please advise the percentage recoverable:	

SECTION 2 – POLICYHOLDER CONTACT DETAILS (This person must be available to discuss the incident)	
Name:	
Position:	
Contact telephone number:	
Alternative contact number:	
Contact email:	

SECTION 3 - INCIDENT DETAILS	
Date:	Time:
Location:	
Who was the incident reported to?	
What happened: Please describe in detail how the accident occurred.	

ADDITIONAL WITNESS DETAILS

Name:	
Address:	
Postcode:	
Contact Telephone:	
Contact email:	
Is the witness an employee:	Tick one: Yes No

ADDITIONAL WITNESS DETAILS

Name:	
Address:	
Postcode:	
Contact Telephone:	
Contact email:	
Is the witness an employee:	Tick one: Yes No

ADDITIONAL DETAILS

Additional Details:

Please note below or attach any further details you can share. If any of the information below is available, please also include the same:

- Any process documents relating to the activity in question.
- Images of injury/damage (where available).
- Risk assessments relating to the task/activity.
- Details including accident book records of any similar historical accidents.
- CCTV footage (where available).

CLAIMS AND UNDERWRITING EXCHANGE

Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims and Underwriting Exchange register, operated by Insurance Database Services Limited. A list of participants is available on request from your insurer. The information you have supplied on your application form relating to the claim, will be provided to participants.

DECLARATION

- I/we declare that all answers are true and complete to the best of my/our knowledge and belief.
- I/we understand that if any claim in any respect is fraudulent including inflation or exaggeration of the claim, this could result in any benefit under the policy being forfeited and may invalidate policy cover.
- I/we understand that insurers may seek information from other insurers to check answers that I/we have provided.

Please tick to confirm that you have read and accepted the above

Signature:

Position in company:

Date: