

General Liability Claims Form

To complete this claims form, fill in the designated highlighted fields. Please ensure you save the form to your computer. You can then either print it and return it to your broker by post/fax or email the electronic version. Alternatively send the form directly to: Travelers Insurance Company Limited, Commercial Claims, 61-63 London Road, Redhill, Surrey RH1 1NA. Tel: 01737 787787 Fax: 01737 786720 Email: newliabilityclaims@travelers.com

IMPORTANT

We wish to make the processing of your claim as trouble-free as possible. In order to do so, please ensure that all questions are fully answered and all required documents are enclosed.

PLEASE ANSWER EVERY QUESTION FULLY – FAILURE TO DO SO WILL RESULT IN DELAY

The issue of this form is not an admission of liability

Insured Details

Policy Number Broker

1. Name

2. Address
State name and telephone number of person to contact for further enquiries

3. Business (if more than one state all)

4. Are you registered for VAT? Yes No If 'Yes' is VAT recoverable from the Tax Authorities? Yes No

If 'Yes' how much is recoverable?

5. Are there any other insurances covering this incident? Yes No

If 'Yes' give details

Claim

6. Has any claim been made against you? Yes No

(See notes (i) and (ii) over)

Claimant

7. Name

8. Address Post Code

9. Occupation

10. State nature and extent of injury or disease

Circumstances

11. Date Time
12. Place
13. State fully what happened to CAUSE the injury or disease
14. When was the occurrence first reported to you?
By whom?
15. What plant or equipment, if any, caused the occurrence? (See note (iii) over)
16. Names, addresses and telephone numbers of witnesses
17. Did you enter into any contract which might be relevant to the circumstances? Yes No
If 'Yes' give details
18. Was the site/premises your responsibility at the time of the occurrence? Yes No
If 'No' who was responsible?
19. Was any defect/obstacle present at the site/premises? Yes No
If 'Yes' give details
20. What were the dimensions of the obstacle?
21. What was the cause of the defect/obstacle?
22. Have photographs been taken? If so please attach Yes No
23. Have any accidents/complaints been reported prior to this occurrence? Yes No
If 'Yes' give details
24. Were regular inspections of the site/premises carried out before the occurrence? Yes No
If 'Yes' how regular were the inspections carried out?
25. Is a written record retained? If yes please attach Yes No
26. When was the last inspection of the site/premises carried out prior to the occurrence?
27. Was any defect/obstacle noted at that time? Yes No
If 'Yes' what action was taken and when?
28. Did a Third Party cause or contribute to the occurrence? Yes No
If 'Yes' please advise name and address
29. In respect of property damage can the amount claimed be verified by an official representative of the Insured? Yes No

IMPORTANT NOTES

- (i) Any communication or document received in connection with the occurrence must be forwarded to Travelers unanswered and without delay.
- (ii) In accordance with the General Policy Conditions no offer of payment or admission of liability must be made by you or any other person offered indemnity under the Policy.
- (iii) Any plant, machinery or equipment involved in the occurrence must be kept in a safe place. Any broken parts must not be disposed of and no adjustment should be made to any relevant plant, machinery or equipment without Travelers consent.
- (iv) Insurance companies maintain a number of anti-fraud and theft registers to help us check information and prevent fraudulent claims. We may search these registers as part of our investigation and we will also be passing information relating to this incident to the appropriate register(s) for the future reference of other parties.

Declaration

By submitting this form you declare that the foregoing particulars are true to the best of your knowledge and belief. You authorise Travelers to make such admissions on your behalf as it deems appropriate and you agree to render to Travelers all assistance in the investigation of the claim. You further agree to provide such assistance as may be necessary in pursuing recovery of any outlay.

Name

Date

Position/Job Title

