Please ensure the claim form is completed in full to prevent delays in settlement of your claim

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| **Policyholder details** |
| Name of insured: |
| Daytime contact number: |
| Address of insured: |
| Business or Occupation: |
| Policy no: |
| **General questions** |
| Date & time of incident: |
| Where did the incident happen: |
| If incident was connected with machinery:  A) Was it properly guarded:  B) Was guard in use: |
| Has HM Factory Inspectorate/Health & Safety Executive/Local Authority investigated since the incident: |
| Has there been a warning of prosecution:  If ‘Yes’, please provide details: |
| **Incident details** |
| Nature of work being carried out at the time: |
| Was anyone to blame:  If ‘Yes’, please give name, address and contact no: |
| Were you working as a sub-contractor:  If ‘Yes’, please give name, address and contact no: |
| Did anyone witness the incident:  If ‘Yes, please give name, address and contact no: |
| Has incident been reported to RIDDOR (if applicable): |

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| **Injury details** | | |
| Name of injured person: | | |
| Contact no: | | |
| Address: | | |
| Business/Occupation: | | Age: |
| Injuries sustained: | | |
| **Property details** (only complete if property damage has occurred) | | |
| Owners name: | Contact no: | |
| Address: | | |
| Business/Occupation: | | |
| Nature of damage: | | |
| **Description of occurrence** | | |
| Please provide a full description of the incident: | | |
| **Declaration** | | |
| Insert name: | Date: Click here to enter a date. | |
| Position: | | |