

NOTICE OF ACCIDENT

Public and Products Liability Claim Form



Please complete, sign and return to Chartis as soon as possible, whether or not a claim is being made.

INSURED

1 Details of Insured

Name

Address

Policy Number

Date Last Premium Paid

Trade or Business

2 Particulars of Accident

Date and time of accident: Date

Time _____:

AM

PM

Place Accident Occured

How did accident / incident occur? Give full details and description on back of form illustrated by rough Sketch if necessary.

3 Witnesses

Furnish names, occupations, addresses of witnesses of the accident (State if own or independent)

4 Cause

Was the accident caused bby the negligence of any of your employees? Yes No

Occupation

Name

Address

Was the accident caused by any person NOT in your employment? Yes No

Occupation

Name

Address

Detail act of negligence,

Was the accident caused by any defect in your ways, works, machinery, plant or premises?
If so, state exact nature of defect

5

Work Details

What work were your employees engaged to do?

If the accident arose out of work being carried out under contract, has any indemnity or disclaimer been given or received ?

Details,

6

Insurance Details

When was the accident reported to you? By whom was the report made?

Were the police notified? YES NO Station

Have you any other insurances on which you can claim? YES NO

Company

Policy Number

THIRD PARTIES / CLAIMANTS

1

Details of Injured

Give details of any third party injured

Name

Address

Particulars of injury

2

Details of Damage

Give name and address of owner of any property damaged and what is approximately the cost of repair and replacement?

Name

Address

Approximate Cost €

3

Details of Injured Party

Was Injured Party taken to hospital? YES NO Which hospital?

State whether detained

Was Injured Party known personally to the insured? YES NO

PRODUCTS CLAIM

1

Work Details

Describe the product

2

Particulars of Product

Was the product sold , supplied , manufactured by you?

When was the product put into circulation (Date)

3

Purchase Details

When and from whom was the product purchased by the injured party?

Have you inspected the product? YES NO

Have you notified all other parties who may have an interest in the product? YES NO

4

Further Details

Have you had reports of any similar incidents resulting from the particular product?

If so, give all details of the incidents.

