



# PUBLIC LIABILITY – CLAIM FORM

## Insured

Insured  Policy Number

Address

Post Code \*

Type of Business  VAT registered? Yes  No

Annual Turnover £  Non-clerical wage roll £

## Contact

Please provide details of the person we should contact regarding this matter:

Name and position

Telephone Daytime  Telephone Evening

Mobile Telephone No.

**Please note this person must be available to discuss the incident.**

## Description of work

Describe the precise contract of work undertaken at the time of the incident.

## Accident Details

Date of Accident  Time of Accident

Where incident occurred

**\* It is important that we have this postcode, we may need to attend this site.** Postcode \*

Describe fully the circumstances that led to the damage/injury.

Please attach a sketch and/or photographs if possible.

**Witness**

Name  Address

Telephone Number if known  Employee? Yes  No

Name  Address

Telephone Number if known  Employee? Yes  No

Name  Address

Telephone Number if known  Employee? Yes  No

**Liability**

Do you feel you are liable for the accident? Yes  No

If not, please confirm who is liable and why.

**Third Party/Claimant**

Name

Age  OR Approximate age

Address

Post Code

Telephone Daytime  Telephone Evening

**Injury**

What injuries were sustained?

Where was the third party treated?

Was the third party detained in hospital? Yes  No

**Property damage**

Please describe the property damaged

Who owns this property?

Age of property  Value £  Cost of repair £

Pre accident condition

Where is the property now?

## Plant Machinery

If plant or machinery is involved, please provide the following details.

Make and Type

Registration Number

Owners Name  Address

Post Code  Telephone Number

Was the plant/machinery hired by you? Yes  No

If 'Yes', who hired from?

Was the plant/machinery hired out by you? Yes  No

If 'Yes', who to?

If hire involved please attach a copy of terms and conditions.

Name and address of driver of plant/machine

Telephone Number if known

Who employs the driver?

Under whose instruction was the driver working?

## Site

Please provide the following details if there was more than one contractor on site.

Main Contractor

Other contractors (Please state if they are labour only)

If you are not the main contractor who were you contracted to?

Please confirm the terms of your contract or attach a copy

For whom did the responsible party work?

## Claim

Has any claim been made on behalf of the third party either verbally or in writing? Yes  No

Was the claim, Written?  Or Verbal?

## Important

All correspondence received should be forwarded immediately, unanswered.  
(It is in order to supply insurance details to the claimants representative)

**Make no admission of liability or promise of payment.**

## UNDERGROUND SERVICES

**If the claim involves damage to underground pipes, cables etc, please complete this section.**

Please supply the following information:

1. (a) What action did you take prior to undertaking the work, to ascertain from the appropriate Public Authorities the location and depth of all underground services?
- (b) If you obtained the plans, from where were they obtained?
2. (a) Were any enquiries made on site to check or determine position of underground services? Yes  No
- (b) If so, what tests were carried out (e.g. trial holes)?
- (c) Did representatives of cable/pipe owners visit site to assist in location? Yes  No
3. (a) Were damaged cables/pipes found in position marked? Yes  No
- (b) What was the amount of deviation from the marked and actual position?
- (c) What was the depth at which you were working?
4. (a) Was damage caused by:  
(i) Mechanical Plant (self-propelled)  (ii) Hand operated plant?  (iii) Hand tools?
- (b) In the case of mechanical plant, please state:  
(i) Name of owner and address:
- (ii) Name of driver:
- (iii) Name and address of driver's employer:
- (iv) Type of plant involved:
- (v) Registered number or identification number of plant:
- (vi) Contract under which plant was hired (e.g. C.P.A.)
- (vii) If you are the plant owner, give name and address of motor insurer of the plant:  
Name  Address
5. (a) Is work still in progress? Yes  No
- (b) If so, who is the Foreman or Supervisor?
- (c) What is the site Telephone number?

**N.B.** Some or all of the information which you supply to AXA Insurance in connection with this insurance will be held by the Company on computer and may be passed on to other insurance companies for underwriting and claim handling purposes.

### Declaration

I/we declare that the information given on this form is true to the best of my/our knowledge and belief

I/we authorise you and your solicitors to deal with this claim within the terms of my/our policy and admit liability on my/our behalf if appropriate

Signature

Date

AXA Insurance UK plc, Liability Claims Unit, PO Box 325, Bolton, BL6 9DG Telephone: 0870 333 0936  
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