

# Public and Products

W Denis Insurance Brokers PLC  
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## Claim Form

NOTE: ANY COMMUNICATION YOU RECEIVE FROM ANY PARTY CONCERNING THE ACCIDENT MUST BE SENT IMMEDIATELY TO THE ABOVE ADDRESS.

### Section 1 - Insured

Policy Number:		Renewal Date:	
Name of Insured:			
Address:			
Telephone Number:			
Trade or Occupation:			

### Section 2 - Incident

(a) Address where incident occurred:	
(b) Date and time of incident:	
(c) Upon what date did you receive notice of incident, and from whom?:	

### Section 3 - Public Liability (If product involved complete Section 4)

(a) Give full particulars of incident and state exactly how it occurred:	
(b) Names and address of witness of incident, and by whom employed. If statement taken please attach.	
(c) Has the incident been reported to the police?: If so, at what Station?	
(d) What work were you undertaking?	
(e) Was the work being carried out under contract? <i>N.B. A copy of relevant contract may be required by insurers as part of their investigations.</i>	
(f) Do you accept responsibility for the incident?: If not, whom do you consider responsible and why?:	

**Section 4 - Products Liability** (alternative to Section 3)

(a) Please identify product involved to include the model or serial no. Any explanatory literature or brochures concerning product would be helpful to Insurers.	
(b) Do you manufacture the product? YES/NO If not, please advise name and address of manufacturers:	
(c) Did you supply product direct to the claimant(s)? YES/NO If not, please advise name and address of intermediary to whom you supplied product?	
(d) Please advise approximately how long you have manufactured/supplied this produce:	
(e) Describe the nature of the alleged defect in the product:	
(f) Was product supplied with any special instructions for use? YES/NO If it is considered that a failure to comply with such instructions has contributed to or cause the accident please forward a copy of the relevant instructions:	
(g) Has the product been returned by claimant and/or supplied for testing? If so, please provide a copy of technical report prepared.	
(h) Is product still available for inspection? YES/NO	
(i) Do you accept an allegation of faulty manufacture of your product?	
(j) Do you accept an allegation of faulty design of the product? YES/NO	

**Section 5 - Claimant Information**

(a) Has any claim been made upon you to date?	YES / NO
(b) If so, please state when and whether verbally or in writing:	
(c) Name and address of claimant:	
(d) Please set out in details the injury and/or damage sustained:	

I/We declare the foregoing particulars to be true to the best of my/our knowledge and belief and that we have no other Insurance which will respond to this claim.

Signature:		Date:	
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