

W. Denis Insurance Brokers Plc
 Brigade House
 86 Kirkstall Road
 Leeds
 LS3 1LQ
 Tel: 0113 243 9812 Fax: 0870 705 2085



The issue of this form is not
 an admission of liability

THIRD PARTY PROPERTY DAMAGE

Please complete fully in BLOCK CAPITALS. If insufficient space append separate sheet of paper.

Policy Number Name Address	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>									
INSURED	<input style="width: 100%; height: 20px;" type="text"/> Post Code									
	State name and telephone no. of person to contact for further enquiries <input style="width: 100%; height: 20px;" type="text"/>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Are you registered for VAT?</td> <td style="width: 20%;">YES or NO</td> <td style="width: 20%;"><input style="width: 100%; height: 20px;" type="text"/></td> </tr> <tr> <td>Are there any other insurances covering this incident?</td> <td>YES or NO</td> <td><input style="width: 100%; height: 20px;" type="text"/></td> </tr> <tr> <td colspan="3">If YES give details <input style="width: 100%; height: 20px;" type="text"/></td> </tr> </table>	Are you registered for VAT?	YES or NO	<input style="width: 100%; height: 20px;" type="text"/>	Are there any other insurances covering this incident?	YES or NO	<input style="width: 100%; height: 20px;" type="text"/>	If YES give details <input style="width: 100%; height: 20px;" type="text"/>		
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If YES give details <input style="width: 100%; height: 20px;" type="text"/>										
Date of Incident <input style="width: 100px; height: 20px;" type="text"/> Time of Incident <input style="width: 100px; height: 20px;" type="text"/> Location <input style="width: 100%; height: 20px;" type="text"/> State fully what happened to CAUSE the damage.										
CIRCUM- STANCES	<input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>									
	When was the occurrence first reported to you? <input style="width: 100%; height: 20px;" type="text"/> By whom? <input style="width: 100%; height: 20px;" type="text"/> What plant or equipment, if any, caused the occurrence? <input style="width: 100%; height: 20px;" type="text"/>									
	Names addresses and telephone numbers of witnesses. <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Did you enter into any contract which might be relevant to the circumstances?</td> <td style="width: 20%;">YES or NO</td> <td style="width: 20%;"><input style="width: 100%; height: 20px;" type="text"/></td> </tr> </table>	Did you enter into any contract which might be relevant to the circumstances?	YES or NO	<input style="width: 100%; height: 20px;" type="text"/>						
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Name		
Address		
THIRD PARTY		
		Post Code
Occupation		
State nature and extent of damage		

Did the Third Party cause or contribute to the occurrence?	YES or NO	<input type="checkbox"/>
Have you received any claim? If so, from whom		
Was the matter reported to the Police?	YES or NO	<input type="checkbox"/>
If YES, give Officer's No. and Station		

IMPORTANT NOTES

(i) Any communication or document received in connection with the occurrence must be forwarded to the company unanswered 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 the company's consent.

DECLARATION	We declare that all particulars given on this form are true and correct.
Date.....	Signature of Insured.....
	Status of signatory.....



W Denis Insurance Brokers PLC

Registered in England No. 00759111
Registered Address: Brigade House, 86 Kirkstall Road, Leeds, LS3 1LQ