



Write to: **garagecover** • 17-21 Dicconson Street • Wigan • WN1 1RG
Visit our website: www.garagecover.co.uk • Email us: info@garagecover.co.uk
Call us on: 0845 224 6856

PUBLIC AND PRODUCTS LIABILITY CLAIM FORM

Insured

Insured Policy No.

Address

Postcode* Type of Business

VAT registered? YES/NO

Annual Turnover £ Non-clerical wagheroll £

Contact

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

Name and position

Telephone Daytime Telephone Evening

Mobile Telephone Number

Please note that 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*



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

Please attach a sketch and/or photographs if possible.

Witness (es)

Name Telephone Number

Employee: YES/NO

Address

Name Telephone Number

Employee: YES/NO

Address

Name Telephone Number

Employee: YES/NO

Address

Liability

Do you feel you are liable for the accident? YES/NO

If not, please confirm who is liable and why:



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Third Party/Claimant

Name Age Or approximate age
Address
Postcode Telephone Number

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?

Important

All correspondence received should be forwarded immediately, unanswered.

Make no admission of liability or promise of payment.

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 our Insurers and their solicitors to deal with this claim within the terms of my/our policy and admit liability on my/our behalf if appropriate.

Signature Date