

Verlingue Public Liability Claim Form

Please complete this form and send on to your Claim Handler or the Claims Team.

The Claims Team details are as follows: Email: newclaims@verlingue.com, or by telephone: 0333 010 0013

Section A

Insured's name	
Address	
Trade/Business	

Section B

Third party's name	
Address	
Telephone number	
Date of birth	

Section C

Date of incident	
Time of incident	
Did the incident happen at the employers address as shown above? If No, please confirm below where the incident happened:	
a. Elsewhere in the organisation	Y/N
b. At someone else's premises	Y/N
c. In a public place	Y/N

Please give details of name, address, postcode and where it happened

Verlingue Public Liability Claim Form

Please complete this form and send on to your Claim Handler or the Claims Team.

The Claims Team details are as follows: Email: newclaims@verlingue.com, or by telephone: 0333 010 0013

Section D

What was the injury (e.g., fracture, laceration)?		
What part of the body was injured?		
Was the injury... (tick one box only)		
a. A fatality	Y/N	
b. A major injury or condition	Y/N	
c. An injury to an employee or self-employed person, which prevented them doing their normal work for more than 3 days	Y/N	
Did the injured person (tick as appropriate)		
a. Become unconscious	Y/N	
b. Need resuscitation	Y/N	
c. Remain in hospital for more than 24 hours	Y/N	
d. None of the above	Y/N	

Section E

**About the kind of accident, tick the appropriate box and then proceed to the description.
Only select the box that best describes the incident.**

Contact with moving machinery or material being machined.	Y/N
Hit by a moving, flying or falling object.	Y/N
Hit by a moving vehicle.	Y/N
Hit something fixed or stationary.	Y/N
Injured while handling, lifting or carrying.	Y/N
Slipped, tripped or fell on the same level.	Y/N
Fell from height – how high was the fall in metres.	Y/N
Trapped by something collapsing.	Y/N
Drowned or asphyxiated.	Y/N
Exposed to, or in contact with a harmful substance.	Y/N
Exposed to fire.	Y/N
Exposed to explosion.	Y/N
Contact with electricity or an electrical discharge.	Y/N
Injured by an animal.	Y/N
Physically assaulted by a person.	Y/N

Verlingue Public Liability Claim Form

Please complete this form and send on to your Claim Handler or the Claims Team.

The Claims Team details are as follows: Email: newclaims@verlingue.com, or by telephone: 0333 010 0013

Section F

Description of the incident – Please provide as much detail as you can including:

- Name of any substance involved
- The name and type of any machine involved
- The events that led to the incident
- The part paid by any people

Section F

I/we declare that the above statements are true and correct to the best of my/our knowledge and belief.

I/we agree to provide insurers with any further information as they may reasonably request.

I/we understand that Verlingue Limited do not admit liability by the issue of this claim.

Name	
Position	
Signature	
Date	