

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:	Y/N
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

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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

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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	