

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.co.uk, 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	