

# Verlingue Supervisor/Manager Questionnaire

## Section 5 - Collision Accidents

Name of injured party:	
Was the injured party moving or stationary?	
<b>If moving, where were they coming from and where were they going?</b>	
Did the accident involve any equipment which was in motion?	
<b>If Yes, what was the equipment and where was it moving, from/to?</b>	
Was the machinery inspected after the accident?	
<b>If Yes, please attach inspection report and identify party who carried out inspection.</b>	
Was the person using the equipment trained in its use (if applicable)?	
<b>If Yes, please respond to the following questions:</b>	
a. When did the person undergo training last and by whom?	
b. Has the person been involved in previous similar accidents? If so, give details.	
Did all of the parties involved have a clear line of sight?	
<b>If No, please give full details of how the line of sight was obstructed? (Photographs).</b>	
If powered equipment was involved (e.g., FLT), were warning signals available and used (i.e. Horns, reversing Claxon).	
<b>If not, please advise why?</b>	
Was the injured party using a designated walkway?	
<b>If No, please advise why?</b>	

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**Measurements (e.g. width of gangway, speed of equipment, speed of injured party, size of load on equipment).**

**Location details (e.g. lighting, weather conditions, condition of floor).**

**Other relevant information:**

### Declaration

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