

PUBLIC LIABILITY CLAIM FORM



Policy Holder Details	Company Name:	Policy Number:
	Contact:	Phone Number:
	Company Address:	

Incident Details	Date:	Time	am/pm
	Location:		
	To whom reported:		
	Date & Time Reported:		
	<i>Please attach copy and/or photos.</i>		
	Accident Details:		

Accident Responsibility	Who was responsible for the accident & why?

Precautions	Precautions taken to prevent the accident:

Employee Earnings	<i>Payments made for the 13 weeks prior to the incident (to be provided in all cases).</i>				
	Week Ending	Gross Pay	Income Tax	Employee NI	Net Pay
	Totals:				

Declaration	Has the claim been made or is it only forewarned:	Claim Made	Claim Forewarned
	Date claim made/forewarned:	Claim made in:	Writing Orally
	<i>If the claim has been made in writing please include a copy of the letter and all other existing & future correspondence.</i>		
	<u>Signed for the Company</u>		
	Signature:	_____	
Name & Position:	_____		
Phone Number:	_____		
Date Signed:	_____		