

# Public/Products Liability Report Form



## Completing the claim form

It is always important to notify your Insurer of a claim as soon as possible after an accident has occurred. Please therefore complete this form and return it to us within thirty days of the incident. We will then forward all relevant information and documentation to your Insurer.

Contact our Claims department or your Account Executive on the following numbers if you require any assistance with completing this form.

PLEASE COMPLETE ALL RELEVANT SECTIONS USING BLOCK CAPITALS. Tick the boxes and sign and date the form

## Contact Numbers

### Claims Department

Andrea Compton	0116 2999016
Sue Hitchcock	0116 2999020

### Partners/Account Executives

Peter Turner	0116 2999005
Perry Turner	0116 2999002
Lee Turner	0116 2999013
Kevin Lewis	0116 2999003
Peter Shaw	0116 2999009

Paul Chesters	0116 2999023
Jeff Cook	0116 2999004
Ketan Popat	0116 2999064
James Fogg	0116 2999015

## Admission of Liability

**It is important that your Insurers negotiate the settlement of this claim. Any agreement made with the Third Party or admission of liability on your part may be in breach of policy terms and conditions and may affect settlement of the claim.**

## Third Party Correspondence

**All correspondence received from other parties relating to the incident should NOT be answered but sent to us immediately.**

## Should I make a claim?

All incidents should be advised to the Company whether or not it is your intention to make a claim against your policy.

## Complaints Procedure

We will endeavour to deal with all aspects of your insurance requirements in a professional manner. Should you not be satisfied with any aspect of our service, you should refer the matter initially to your account executive. If you remain unsatisfied, you may request that a review of your case be conducted by the partners of Turner & Co. Your complaint will be acknowledged in writing within five days and the investigation completed within fourteen days of your request and a written reply submitted to you. If you are a retail customer as defined by the Financial Services Authority and are still not satisfied you can take your complaint to the Financial Ombudsman Service. Details are available on request.

## Turner and Company

34-36 Princess Road West, Leicester. LE1 6TQ Tel: 0116 2999000 Fax: 0116 2999001 [www.turnerand.co.uk](http://www.turnerand.co.uk)  
Authorised and regulated by The Financial Services Authority



# Public/Products Liability Report Form

**For office use only** Turner and Co Claim Reference \_\_\_\_\_  
Insurance Company \_\_\_\_\_

## POLICYHOLDER

Name/Insured \_\_\_\_\_  
Policy number \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Business \_\_\_\_\_  
Daytime telephone number \_\_\_\_\_ Contact \_\_\_\_\_  
Fax number \_\_\_\_\_  
E-mail address \_\_\_\_\_

## THE EVENT (if applicable)

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm  
Location \_\_\_\_\_  
When was it first notified to you? \_\_\_\_\_ By whom? \_\_\_\_\_  
State fully what happened (continue on a separate sheet if necessary) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What precautions against the accident/injury had previously been taken? \_\_\_\_\_

What plant or equipment, if any, was involved? (any relevant equipment must be kept for inspection) \_\_\_\_\_

Has any Authority investigated since the event? (If YES give details) \_\_\_\_\_

If an employee caused the event, state name, address & occupation \_\_\_\_\_

If the event arose out of work under contract, has any indemnity or disclaimer been given or received? \_\_\_\_\_

Name & Addresses of all witnesses (if written statements obtained, please attach) \_\_\_\_\_

Name of Person in charge at the time \_\_\_\_\_

Do you have any other Insurances which may cover this claim? Yes  No

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**DETAILS OF PRODUCTS CLAIM (if applicable)**

Date of Occurrence \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Location \_\_\_\_\_

When was it first notified to you? \_\_\_\_\_ By whom? \_\_\_\_\_

Details of the Product \_\_\_\_\_

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Do you manufacture, distribute, supply or retail the product? \_\_\_\_\_

What caused the claim? (continue on separate sheet if necessary) \_\_\_\_\_

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Was the product defective? (if YES give details) Yes  No  \_\_\_\_\_

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Are any other products affected? (if YES advise recall procedure) Yes  No  \_\_\_\_\_

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What remedial action is being taken? \_\_\_\_\_

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Was the product used in accordance with instructions? (If NO please explain) Yes  No  \_\_\_\_\_

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From whom did you obtain the defective product? Name and Address \_\_\_\_\_

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If contract work executed explain nature of contract \_\_\_\_\_

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Do you have written contracts with either supplier or customer? (if YES attach copy) Yes  No

**Turner and Company**



**INJURY (if applicable)**

**If more than one person, continue on separate sheet**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Occupation \_\_\_\_\_

Injuries sustained \_\_\_\_\_

Name of Doctor / Hospital where treated \_\_\_\_\_

**DECLARATION**

I declare that these details are correct to the best of my knowledge. I request you to deal on my/our behalf with the Third Party claims arising herein, in accordance with the terms and conditions of the policy, and I authorise you and your solicitor to make such admission and settlements and give such consents as you may consider necessary for the disposal of such claims and any litigation arising there from.

Signature of Policyholder \_\_\_\_\_ Date \_\_\_\_\_

**ANY CORRESPONDENCE THAT YOU RECEIVE ABOUT THIS  
INCIDENT SHOULD NOT BE ANSWERED BUT SENT TO US IMMEDIATELY**

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