

CLAIM FORM

General, Statutory and Employers Liability

If you need any help with this form, please contact Sherpa Insurance Brokers & Advocates.

If you supply any untrue or false information and know that it is not true, the insurer shall have the right to refuse the claim.

Please answer all the questions on this form. If a question does not apply to your claim, please answer "N/A".

You must not incur any expense (unless it is to minimise the loss), or admit fault, without the insurer's permission.

| A. Th | e insured |
|------------|--|
| Policy ty | e: (tick one) General Liability Employers' Liability Statutory Liability |
| Name: | |
| Postal a | dress: |
| Best cor | act phone number: |
| Email: _ | |
| Insurer: | Policy number: |
| If your cl | ount: Diministration of the paid direct into your account, please fill out the details below: |
| B. Clo | im details |
| 1. | When did the incident happen: Date: Time: AM PM |
| 2. | Where did it happen? (Please give the full address or details of the location): |
| 3. | Who is or may be bringing a liability claim against you? |
| | Name: Phone: |
| | Address: |
| 4. | Have they made a written or verbal claim against you? |
| | If "YES", on what date did you receive it? |
| 5. | Please provide full details of the incident, including the work that you were carrying out at the time and how the incident occurred. Attach copies of all court documents, letters of demand, written allegations of fault, and any other documents which will enable your insurer to understand the nature of the claim against you. |
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| 6. | Who carried out the work which gave rise to the accident or incident? What is their role in your organisation? | | | |
|--------------------|--|--|--|--|
| 7. | What damage or injury was caused by the accident or incident? | | | |
| 8. | How much is being clain | ned from you? | | |
| 9. | Do you consider that you are at fault and why? | | | |
| 10. | Have you made any adr | missions of liability or responsibility? | Yes No | |
| | If "YES", please provide o | details: | | |
| 11. | Have you obtained any | legal or other advice about the claim against you? | Yes No | |
| | If "YES", please provide details: | | | |
| C. De | eclaration and s | ignature | | |
| l declare | that: | | | |
| 1. | Material facts | (a) All information given to Sherpa Insurance Brokers & Advocates in connection with toral or written) is true and correct; | this claim (whether | |
| 2. | Use of information | (b) No information relevant to the claim is omitted. (a) My personal information collected by Sherpa Insurance Brokers & Advocates in corclaim may be: (i) disclosed to other members of the insurance industry and Insurance Claim (ii) disclosed to parties repairing or replacing the subject matter of the claim (iii) disclosed to parties who have a financial interest in the subject matter of b) My personal information held by any other parties in connection with this claim mathe insurer. | ns Register Limited; ; f the policy; | |
| req ma • You | e insurer will gather inform uire you to supply this info y be declined. | ation about you (including your claims history) to consider your claim. The terms of your insubmation, and if you do not to provide it, or if you provide any false or untrue information, you onto, and held by, Insurance Claims Register Limited. This enables other insurers you deal was. | ur claim | |
| Signed o | on behalf of all insureds: | Signature date: | | |
| Full nam | e: | | | |