

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. The insured

Policy type: (tick one) ☐ General Liability ☐ Employers' Liability ☐ Statutory Liability

Name: _____

Postal address: _____

Best contact phone number: _____

Email: _____

Insurer: _____ Policy number: _____

If your claim is accepted and you wish to be paid direct into your account, please fill out the details below:

Bank Account:

B. Claim 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? Yes ☐ No ☐

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.

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 claimed from you? _____
9. Do you consider that you are at fault and why? _____
10. Have you made any admissions of liability or responsibility? Yes ☐ No ☐
If "YES", please provide details: _____
11. Have you obtained any legal or other advice about the claim against you? Yes ☐ No ☐
If "YES", please provide details: _____

C. Declaration and signature

I declare that:

- | | | |
|----|--------------------|---|
| 1. | Material facts | (a) All information given to Sherpa Insurance Brokers & Advocates in connection with this claim (whether oral or written) is true and correct; (b) No information relevant to the claim is omitted. |
| 2. | Use of information | (a) My personal information collected by Sherpa Insurance Brokers & Advocates in connection with this claim may be: <div style="margin-left: 20px;"> (i) disclosed to other members of the insurance industry and Insurance Claims Register Limited; (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 the policy; </div> b) My personal information held by any other parties in connection with this claim may be disclosed to the insurer. |

Please note:

- The insurer will gather information about you (including your claims history) to consider your claim. The terms of your insurance policy require you to supply this information, and if you do not to provide it, or if you provide any false or untrue information, your claim may be declined.
- Your claims history is passed onto, and held by, Insurance Claims Register Limited. This enables other insurers you deal with to access it, and prevents fraudulent claims.

Signed on behalf of all insureds: _____ Signature date: _____

Full name: _____