



## PRODUCT LIABILITY CLAIM REPORT

Please answer all questions on this page as fully as possible and relevant sections on other pages  
Please complete in BLOCK CAPITALS throughout and tick boxes where appropriate.

### INSURED

Certificate No.....Renewal date .....

Insured's Name.....

Address.....

.....

.....Postcode.....

Telephone: Home.....Office.....

Business.....

Are You VAT Registered?      Yes  No

If 'YES' state whether you can recover VAT relating to the property for which you are claiming

(i) Completely                       (ii) Partially                       (iii) Not at all                       (Please tick as necessary)

If you can recover only partially, indicate reason and percentage recovery.....

.....

If you cannot recover any VAT state reason.....

.....

### THE EVENT

Date.....Time.....am/pm

Where did the incident occur.....

If the accident was connected with machinery mark YES or NO below:

a. was it properly guarded ?      YES  NO

b. was guard in use YES  NO

Has H M Factory Inspector/Health & Safety Executive/ Local Authorities investigated since the incident?

YES  NO

Has there been any warning of prosecution?      YES  NO

**DETAILS OF CLAIM**

Details of Product .....

Please state if you manufacture, distribute, supply or retail the product? .....

What caused the claim .....

Which product has given rise to a potential liability?.....

Was the product defective ?            YES  NO

If YES give details.....

Are there any products affected ?    YES  NO

If YES give details.....

What remedial action is being taken?.....

Was the product used in accordance with instructions?.....

From whom did you obtain the defective product ?

Name.....

Address : .....

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**DECLARATION**

I / We declare that to the best of my / our knowledge and belief the above is a full and accurate statement and

I / We therefore claim the Sum of £.....

Date.....

Signature of Policyholder.....