



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/p
m

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

.....

.....

...

.....

...

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.....