

Noyce Insurance Solutions Ltd

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LEGAL LIABILITIES CLAIM FORM

(Not for use in cases of Employee injury or disease)

POLICY HOLDER	
Name	Policy No.
Address	
Postcode	Tel No
Business	
If registered under VAT regulations please advise status	

DETAILS OF ACCIDENT		
Date	Time	Place
Full details and description of accident		

Who caused the accident?
Name
Address
Employers



Has any accident due to the same cause happened before? If so, give details

If accident involved sub-contractors or any of their employees, give sub-contractors details:

Name

Address

Employers

Public Liability Insurer

Policy Number

What was the extent of injury or damage sustained by the Third Party?

If the claim is in respect of loss or damage to property belonging to the claimant, state the approximate value of the loss or damage

To whom was a complaint first made and by whom?

Give name and address of Third Party and if possible, occupation and insurers

Name

Address

Occupation

Insurer details



WITNESSES

Give name and address of any Witnesses, and state whether or not they are in your employ

Have you received any claim? If so, from whom?

Was the matter reported to the Police? If so, give Officer's Number and Station

WHERE APPROPRIATE, PLEASE GIVE A SKETCH OF THE ACCIDENT

I/We declare the foregoing particulars to be correct according to our information and belief.

Signature of Insured

Date

Name

