

Legal Liabilities Form

Allianz Insurance plc | Claims



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

Ref No (Please insert)

Please complete and return this form to:

Address Stamp of Issuing Office

This report is made in the bona fide belief that litigation may ensue and to enable the Employer's Representatives, Solicitors and/or Agents to conduct and advise in relation to such litigation

Policy Holder (Please insert)

Name of insured Policy Number

Address Postcode

Business Tel.No

Are you registered under the VAT regulations? Yes No

If Yes please give details

Details of Accident (Please insert)

Date Time Place

Full details and description of the accident

Name of person who caused the accident

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 employers, give sub contractors

Name

Address

Employers Public Liability Insurers Policy Number

Details of Accident (Continued)

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

If the claim is in respect of loss of 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

Witnesses

Give names and addresses of any Witnesses , and state whether or not they are in your employment

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

Was the matter reported to the Police? If so, give Officer's No. and Station

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Data Protection Notification

We may use personal and business details you give us, or which are supplied by third parties, to consider your claim, to search the files of credit reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EU. They will at all times be held securely and handled with the utmost care in accordance with all principles of UK law. We will store such personal details on computer but will not keep them for longer than necessary. Under terms of the Data Protection Act 1998, individuals are entitled to a copy of all the information we hold about them.

Very Important – Fraudulent and Exaggerated Claims

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is **true and correct** to the best of your knowledge and belief, and that all material facts have been disclosed.

A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of your policy.

If you are in any doubt as to whether a fact is material, **you must disclose it.**

FAILURE TO DO THIS MAY MEAN THAT YOUR POLICY BECOMES INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.

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

Employer's Signature

Date