Reference

## **Public Liability: General Claim Form**

This form is intended for the use of the NFU Mutual's solicitors in connection with litigation actual or anticipated. Please answer each question as fully as possible and return this form **without delay.** All 'Yes' or 'No' answers tick box as appropriate.

Policyholder	Policy no.			
Name	Date premium paid			
Address	Telephone no: Home			
	Business			
	Occupation			
Postcode	V.A.T. Registration no. (if not registered, state "none")			
Employees				
Total number of employees	Annual wages			
Accident				
Date of accident	Time			
The exact place where accident happened				
By whom was the accident reported to you and on what o	late?			
Name of employee involved				
Address				
Explain exactly how accident occurred				
Accident sketch				



Please turn over

## **Witnesses**

Names and Addresses of <b>any</b> witnesses <i>(if none please state reasons)</i>	
1.	
2.	
3.	
4.	

## **Police evidence**

Did a Police Constable take evidence or particu	Ilars? Please give his number	
and the station		
Did he witness the accident?		

## Names of any other Parties concerned in the Accident

Any communications received should be sent to NFU Mutual unanswered

Name	Occupation				
Address					
State whether Pedestrian, Passenger, Motorist, etc.					
Nature of personal injury					
Do you consider other parties to blame? If so, give reasor	IS				
Has any claim been made upon you? If so, state amount					
I/We the undersigned, declare that to the best of my/our knowledge and belief the information given in this claim form, which I/we have read over and checked, is true and complete.					
I/We understand that, in order to prevent fraud, you may share information about me/us and this incident with other organisations and public bodies including the police.					
Signature of Policyholder		Date	20		
Notes This form must be returned to NFU Mutual at once. It is advisable that the Insured should not disclose to the claimants the fact that he is insured. Liability must not be admitted to the claimants without the consent of NFU Mutual. NFU Mutual does not admit liability by the issue of this form.					

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For security and training purposes, telephone calls may be recorded and monitored.