

COPPERGATE

COPPERGATE INSURANCE SERVICES LIMITED

Ability House, 121 Brooker Road, Waltham Abbey, Essex, EN9 1JH Tel: 01992 656 920 Fax: 01992 656 928

LEGAL LIABILITY REPORT FORM

This form is issued without prejudice to liability to establish the facts. Issue of the form does NOT constitute an admission of liability under the policy. Insurers may require further information and particulars or may instruct loss adjusters to investigate on their behalf.

1. GENERAL INFORMATION

Insurance Company:	
Policy No:	
Name of insured	
Address (for correspondence) Post-code.....
Daytime contact and telephone number	
What is your business or profession?	
Are you registered for VAT?	

2. DETAILS OF INJURED PARTY OR DAMAGED PROPERTY

Name of injured party	
Address of injured party or property damage Post-code.....
Address (if different) of where the incident occurred Post-code.....
Daytime contact and telephone number for this person	
What is their relationship to you (if any)?	
Date and approx time of the incident	
	am/pm
Please give a FULL and DETAILED description of how the injury or damage occurred (continue on a separate sheet if necessary)	
.....	
.....	
.....	

3. COMPLETE THIS PANEL ONLY IF INJURY/DAMAGE CAUSED BY A PRODUCT

State name and purpose of the product	
Was it manufactured, modified, assembled or repaired by you	
If manufactured elsewhere state where	
Were all parts/components manufactured in the UK?	
If note please state where	
Give details here of your quality control/batch testing arrangements for this product	

4. COMPLETE THIS PANEL ONLY IF INJURY WAS TO AN EMPLOYEE

State nature of his/her employment	
State weekly wage after deductions for PAYE and NI	£
Employee's date of birth	
Marital status	
Number of dependants	
National Insurance number	
Commencement date of employment	
Duties at time of accident	
Please provide details of training given and any qualifications held	
Nature and extent of injury	
Was the accident entered in your Accident Record Book?	
Date of any Health & Safety Executive investigation	

5. WITNESSES (COMPLETE FOR ALL CLAIMS):

Please enclose any separate statements or reports prepared by any witness to the incident

Name
Address
	Post-code
Telephone number
Name
Address
	Post-code
Telephone number

For ALL NOTIFICATIONS please enclose any previously completed Accident Report, photographs, plans or diagrams, Medical Attendant's Report, Court Summons or solicitors' letter you may have received relating to the accident.

Please use this space to provide any additional information that may be useful or plan or diagram where relevant

6. DECLARATION

I/we declare that the information given and statements made are true to the best of my/our knowledge and belief and that there is no other policy covering the same property and/or incident under which I/we can submit, or have submitted, a claim.

Signed **Dated**