

# Public Liability Claims Form

To complete this form, fill in the designated highlighted fields. Please ensure you save the form to your computer. You can then either print it and return it to your broker by post/fax or email the electronic version.

Alternatively send the form directly to: Travelers Insurance Company Limited, Europa House, Harcourt Centre, Harcourt Street, Dublin 2, Ireland. Tel: 01 609 5600 Fax: 01 609 5640 Email: [ieclaims@travelers.com](mailto:ieclaims@travelers.com)

DATA PROTECTION: We share and exchange all claims information with the Insurance Link database, run by the Irish Insurance Federation. The aim is to help us check information and prevent fraudulent claims. When you tell us about an incident, we will pass information about it to the register. For further information - click here to email the Compliance Manager at Travelers Insurance Company.

Broker  Policy Number

The issue of this form is not an admission of liability on the part of the company.

## Insured (Please answer every question fully: failure to do so will result in delay. Please write in block capitals.)

Title  First Name(s)  Surname  Telephone Number (Home)   
 Address  Telephone Number (Work)   
 Email   
 State name and telephone number of person to contact for further enquires  Are you registered for VAT? Yes ☐ No ☐

Business (if more than one state all)

Are there any other insurances covering this incident? Yes ☐ No ☐

If 'Yes', give details

## Circumstances

Date  Time  Place

State fully what happened to CAUSE the injury or damage

When was the occurrence first reported to you?

By whom?

What plant or equipment, if any, caused the occurrence?

ANY plant, machinery or equipment involved in the occurrence must be kept in a safe place.

Any damaged parts must not be disposed of and no adjustment should be made to any relevant plant, machinery or equipment without the company's consent.

Have you completed any statutory form in connection with the occurrence?

Yes ☐ No ☐

If 'Yes', give details

Names, addresses and telephone numbers of witnesses

Was the accident caused by any member of staff?

Yes ☐ No ☐

If 'Yes', give details

Did you enter into any contact which might be relevant to the circumstances?

Yes ☐ No ☐

If 'Yes', please enclose copy of the contact

## Claimant

Title	First Name(s)	Surname	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Occupation

State nature and extent of injury or damage

Has any claim been made against you?

Yes ☐ No ☐

*(I) Any communication or document received in connection with the occurrence must be forwarded to the company unanswered and without delay.*

*(II) In accordance with the general policy conditions no offer of payment or admission of liability must be made by you or any other person offer indemnity under the policy.*

## Location

Was the site/premises your responsibility at the time of the occurrence?

Yes ☐ No ☐

*If 'No', who was responsible?*

Was any defect/obstacle present at the time/premises?

Yes ☐ No ☐

*If 'Yes', give details*

What was the cause of the defect/obstacle?

Have photographs been taken?

Yes ☐ No ☐

*If 'Yes', please attach*

Have any accidents/complaints been reported prior to this occurrence?

Yes ☐ No ☐

*If 'Yes', give details*

Were regular inspections of the site/premises carried out before the occurrence?

Yes ☐ No ☐

*If 'Yes', how regularly are the inspections carried out?*

Did a Third Party cause or contribute to the occurrence?

Yes ☐ No ☐

*If 'Yes', please advise address*

## DECLARATION

I/We declare that the foregoing particulars are true to the best of my/our knowledge and belief.

Signature of policyholder: I am an authorised signatory and by submitting this proposal in electronic form, acknowledge such as if having signed it

Date

Status of Signatory

Please return your completed claims form to your broker or to:

Europa House, Harcourt Centre, Harcourt Street, Dublin 2 Tel: +353 (0) 1 609 5600 Fax: +353 (0) 1 609 5640 Email: [ieclaims@travelers.com](mailto:ieclaims@travelers.com)

### travelers.ie

Europa House, Harcourt Centre, Harcourt Street, Dublin 2, Ireland

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