

# 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 Designated Activity Company. Third Floor, Block 8, Harcourt Centre, Charlotte Way, 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.

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

Address

Telephone Number (Home)

Telephone Number (Work)

Email

Are you registered for VAT?

Yes No

State name and telephone number of person to contact for further enquires

Business (if more than one state all)

Are there any other insurances covering this incident?  
If 'Yes', please give details

Yes No

**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

Name	Address	Telephone Number

Was the accident cause by any member of staff? Yes No  
 If 'Yes', please 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

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 the Proposer

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:

**Third Floor, Block 8, Harcourt Centre, Charlotte Way, Dublin 2, Ireland'**

**Tel: +353 (0) 1 609 5600 Fax: +353 (0) 1 609 5640 Email: [ieclaims@travelers.com](mailto:ieclaims@travelers.com)**

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Travelers operates through several underwriting entities through the UK and across Europe. Please consult your policy documentation or visit the websites below for full information.