

Claim
Form

Allianz Insurance plc www.allianz.co.uk

Legal Liabilities Form

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

Ref No (Please insert)

Please complete and return form to:

Allianz Insurance plc, 500 Avebury Boulevard, Milton Keynes, MK9 2XX.

Please complete the relevant sections. If any are not applicable please add N/A

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



Allianz

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

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

Data Protection Notification

We may use the personal and business details you give us, or which are supplied by third parties, to consider your claim, 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 may 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 EEA. They will at all times be held securely and handled with the upmost care in accordance with all principles of English law. We will store personal details on computer but will not keep them for longer than necessary. Under the terms of the Data Protection Act 1998, individuals are entitled to a copy of all the information we hold about them.

Telephone calls may be recorded for our mutual protection, training and monitoring purposes.

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, correct and complete 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 application of cover under the terms and conditions 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 RESULT IN YOUR POLICY BECOMING INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.

Declaration

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

Employer's Signature

Date