



NEW INDIA ASSURANCE

The Issue of this form is not an admission of liability

THE NEW INDIA ASSURANCE COMPANY LIMITED (Incorporated in India with Limited Liability)

Latham House, Paradise Street
Birmingham
B1 2BJ
Telephone: 0121 231 4055

Authorised and Regulated by the Financial Services Authority
PUBLIC LIABILITY CLAIM FORM

Tick boxes where appropriate.

Insured:

Full Name: _____	Policy No: _____
Address: _____ _____	Telephone No 1: _____
Post Code: _____	Telephone No 2: _____
Occupation: _____	Broker: _____
VAT: Is the insured registered as a taxable person? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If the insured is registered for V.A.T., is full remission of input tax obtained? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If only partial remission of V.A.T. is obtained, state last annual adjusted percentage of tax recoverable _____ %	

The Event:

Date of accident: _____	Time: _____	Place: _____
Explain fully how the accident occurred: _____ _____ _____ _____ _____		
When was the accident reported to you? _____		By whom? _____
Did the accident arise from the activities of persons in your direct employment? YES <input type="checkbox"/> NO <input type="checkbox"/>		
If 'YES', please give names and addresses of employees: _____ _____ _____		
Names and address of witnesses : _____ _____ _____		
Was the accident reported to the Police: YES <input type="checkbox"/> NO <input type="checkbox"/> If "YES" give the Date: _____ Time: _____ am/pm. Station: _____		
Address of Police Station: _____		Crime ref no: _____
Has the injury/disease been reported to the Health and Safety Executive or the Local Authority where required under RIDDOR? (see not 2 overleaf) YES <input type="checkbox"/> NO <input type="checkbox"/>		

Persons (other than your own employees) who sustained injury or damage to property:

Name and address	Details of injury / damage
_____	_____
_____	_____
_____	_____

Is there any other insurance indemnifying you in respect of this accident? YES NO

If 'YES', please give name and address of Insurers: _____

Has any claim been made against you? YES NO

If 'YES', please give details: _____

**THE FOLLOWING QUESTIONS SHOULD BE ANSWERED
IF THE ACCIDENT AROSE OUT OF A DEFECT IN PREMISES**

If you are the owner, please give the name and address of the tenant: _____

If you are the occupier, please give name and address of the owner: _____

What is the net annual rental? _____

For what purposes are the premises used? _____

Are you responsible for repairs? YES NO

When was the property last inspected? _____ By whom? _____

NOTE

- 1. Correspondence and claims.** All communications and claims received by you concerning the incident are to be forwarded immediately without acknowledgement.
- Many accidents at work, including those which cause people not to be able to do their normal job for three or more days, must by law be reported under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985 (RIDDOR) to HSE or the Local Authority. Details are given in the RIDDOR leaflet which is available from HSE or the Local Authority. If you are in any doubt, please consult your nearest HSE Office (details in the telephone directory under "Health and Safety" Executive).

We declare to The New India Company Ltd. that these particulars are true and complete. I/We understand that the information given on this form may be submitted to solicitors for use in connection with any litigation arising out of this accident.

Date: _____ **Signature of Insured:** _____

Print Name: _____

Status / Position: _____