



Camberford
Underwriting

Employers
& Public
Liability

Claim Form

EMPLOYERS and PUBLIC LIABILITY CLAIM FORM

PLEASE ANSWER ALL QUESTIONS TO THE BEST OF YOUR KNOWLEDGE AND AS FULLY AS POSSIBLE, USING ADDITIONAL SHEETS IF NECESSARY. COPIES OF RELEVANT DOCUMENTATION SHOULD BE ATTACHED.
If you do not understand any terms in this form, please contact us for further information or visit www.camberford.com/glossary

THE INSURED

Policyholder Name:		
Policy Number:		
Occupation:		
Policyholder Address:	Post Code	
Daytime Telephone Number:		
Email Address:		
Are You VAT Registered?		YES/NO

THE EVENT

Date and Time:	am/pm	
Exact place where incident occurred:		
When, and by whom, was the incident reported to you?		

DAMAGED PROPERTY

Name and address of each owner of damaged property: <i>(please continue onto separate sheet if necessary)</i>	1.	Name:
		Address:
		Post Code:
		Contact Tel/Email:

	2.	Name:	
		Address:	
		Post Code:	
Contact Tel/Email:			
Please provide full details of the damage:			
Was the owner of the property known to the Insured before the incident?			YES/NO
If YES, please state relationship:			

THE INJURED PARTY *(please continue onto separate sheet if necessary)*

Name:	
Occupation:	
Address:	Post Code
Daytime Telephone Number:	
Details of personal injury:	

COMPLETE ONLY IF INJURED PARTY IS AN EMPLOYEE OF THE INSURED

Name of injured party:	
How long have you employed the injured party?	
Approximate weekly wage <i>(inclusive of overtime and bonus and exclusive of income tax):</i>	£
Age:	
Marital Status:	
Number of children of school age <i>(if applicable):</i>	
Has the injured party been absent from work as a result of the incident?	YES/NO

If YES:	
a) When did absence commence?	
b) Date of return, or expected date of return if still absent:	
If the injured party has returned to work, are they performing full pre-accident work?	YES/NO
What was the injured party doing at the time?	
What training has the injured party been given to perform task? <i>(please provide a copy of applicable training records)</i>	
Who was the injured party's immediate superior?	
State the nature of supervision exercised:	
If machinery was involved, please state type/motive power:	
Was the incident due to lack or non-use of guarding:	YES/NO
Was the incident due to any defect in the premises or plant?	YES/NO
Was an entry made in the accident book? <i>(if YES, please provide copy)</i>	YES/NO
Was the incident reported to the HSE? <i>(if YES, please provide copy)</i>	YES/NO

DETAILS OF CLAIM/DAMAGE/INJURY

Give details of any claim made upon you: *(please attach any correspondence)*

Please describe the circumstances of the accident/damage in detail and, if possible, include a sketch plan:
(please continue onto separate sheet if necessary)

Any witnesses to the event?	YES/NO
<p>If YES, please state name, address and contact information of each witness: <i>(please continue onto separate sheet if necessary)</i></p>	1.
	Name:
	Address:
	Post Code:
	Contact Tel/Email:
	2.
	Name:
	Address:
	Post Code:
	Contact Tel/Email:
	3.
	Name:
Address:	
Post Code:	
Contact Tel/Email:	

Do you blame anyone for the accident?		YES/NO
If YES, please provide name and address:	Name: Address: Post Code	
Why do you feel they are to blame?		

DATA PROTECTION

HOW WE WILL USE YOUR DATA

The Basics:

Camberford Underwriting, and the underwriters with whom we arrange insurance, collect and use relevant information about you to provide you with insurance cover and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal convictions you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide insurance cover and may prevent us from handling your claims.

Your information may be shared with, and used by, a number of third parties in the insurance sector for example insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

Other people's details you provide to us:

Where you provide us or your broker with details about other people, for example employees, you must provide this notice to them.

Your rights:

You have rights in relation to the information we hold about you, including the right to access your information held by us. If you wish to exercise your rights, discuss how we use your information or request a copy of our full privacy notice, please use the contact details provided below or in our full privacy notice available at the website link below.

Want more details?

For more information about how we use your personal information and your rights please see our full privacy notice, which is available online at the following location:

www.camberford.com/privacy

Contact Details:

Camberford Underwriting
Data Protection Officer
7th Floor
Corn Exchange
55 Mark Lane
London
EC3R 7NE

DECLARATION

The submission of a fraudulent or exaggerated claim, either in whole or in part, or of any false documentation or statement in support of a Claim, may invalidate the whole claim and lead to your Policy being declared void.

I declare that the above statements are true and correct to the best of my knowledge and belief. I have not withheld any information within my knowledge connected with this Claim. I agree to provide the Insurer with any further information or documentation as may be reasonably required. I understand that the Insurer does not admit liability by the issue of this form.

NAME (PRINTED):	
POSITION:	
SIGNATURE:	
DATE:	