



Liability Incident Claim Form

Please complete this form in full answering the questions to the best of your knowledge and return to:

RCA Claims Team, COBRA Insurance Brokers,
Quadrant House, Croydon Road, Caterham, Surrey, CR3 6TR

NOTE: Please use separate sheet(s) of paper to respond to questions where there is insufficient space on the form

A. POLICYHOLDER

i. Name:

ii. Address including full postcode:

iii. Telephone Number:

iv. Email Address:

v. Business or Occupation:

vii. Are you registered for VAT:
Yes/No

B. SITUATION OF LOSS

i. Date and time:

ii. Place:

iii. Circumstances – What happened and what was the cause?

Please carefully preserve any broken parts of machinery, plant, equipment, tool, or other relevant item involved in the incident

WITNESSES

Name	Address	Where was witness at time of incident?	Relationship to Injured Party/Property Owner
To whom was the incident first reported and when?			

C. EMPLOYEE DETAILS**Complete this section only if an employee is injured**

i. Name and Address including full postcode:

ii. Date of Birth:

iii. National Insurance Number:

iv. Full or Part Time:

v. How long has Employee been with company?

vi. How long has Employee held this position?

vii. Has the Employee been absent from work as a result of the incident?

Yes/No

If 'Yes,' give details of absence: From To

viii. Give details of employee's net weekly wage £ or net monthly salary £

ix. Give details of company sick pay due weekly £ or monthly

x. Have you completed H.S.E. Form 'Report of Injury or Dangerous Occurrence'? Yes/No

If 'Yes,' please enclose a copy

xi. Have you completed H.S.E. Form 'Report of a Case of Disease'? Yes/No

If 'Yes,' please enclose a copy

xii. Please enclose a copy of relevant Accident Book entry

xiii. Did employee receive any first aid or other treatment? Yes/No

If 'Yes,' give details of what treatment was administered, and by whom

D. INJURIES/DAMAGE/DISEASE

i. Give whatever details you can about the extent and nature of the injury/damage/disease:

ii. Give name(s) and address(es) of person(s) injured or whose property was damaged:

E. CLAIM

i. Has any claim been made by, or on behalf of the Third Party/Employee? If so give date of claim, by whom and whether written or verbal, together with detail of the nature of the damage, loss or injury. (If not stated above):

Any letter or document you receive should be passed to us immediately and unanswered.

E. DECLARATION

I/We hereby declare that the information is true to the best of my/our knowledge and belief.

Signature:

Date:

Print Name:

Position:

Please complete this form and return to:

RCA Claims Team, COBRA Insurance Brokers,
Quadrant House, Croydon Road, Caterham, Surrey, CR3 6TR

If you have any questions, contact the RCA Claims Team on 01883 346346