

Was hospitalisation required?

No Yes

What happened?

What injuries were sustained?

Do you consider anyone else to be responsible for the injury?

No Yes

If so, why?

(b) Did third party property damage occur?

No Yes

Contact name of third party

Postal address

Postcode

Date of accident (dd/mm/yyyy)

Time of accident

What happened?

What was the damage?

What was the estimated amount of damage?

Do you consider anyone else to be responsible for damage?

No Yes

If so, why?

(c) Please give names and addresses of any witnesses;

Contact name

Contact phone number

Postal address

Postcode

Did work cover attend?

No Yes

5. Declaration

I/We certify that the information given in this claim form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused in whole if the information is untrue, inaccurate or concealed.

Signature

Date (dd/mm/yyyy)