

Public Liability Claim Registration Form

Thank you for notifying us of the claim or incident. We ask that you complete and sign the form below and provide as much detail as you can. Please return the completed form via email to claims@admiralbusiness.com with any additional evidence that you may currently have.

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| POLICYHOLDER DETAILS |
| Policy Number  |  |
| Name |  |
| Date of Birth |  |
| Address |  |
| Email    |  |
| Contact Number |  |

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| CLAIM/INCIDENT CIRCUMSTANCES |
| Describe what has happened in as much detail as you can |  |
| What date/time did this happen? |  |
| Where did this happen? Please provide the full address including postcode |  |
| When did the work that led to the loss take place?    |  |
| Police Force and Crime/Incident Reference Number (if applicable) |  |
| Witness Contact Details (if any witnesses) |  |
| CCTV Details (if any CCTV) |  |

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| PROPERTY DAMAGE (Please complete if property damage has been sustained or alleged) |
| Property Owner’s Name |  |
| Property Owner’s Contact Number |  |
| Property Owner’s Email |  |
| Property Owner’s Address |  |
| Describe the damage sustained or alleged in as much detail as you can |  |
| Provide an approximate cost of repair or replacement  |  |
| Is the property owner a customer, member of the public or an employee? |  |

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| INJURY DETAILS (Please complete if injury has been sustained or alleged) |
| Injured Person’s Name  |  |
| Injured Person’s Contact Number |  |
| Injured Person’s Email |  |
| Injured Person’s Address |  |
| Describe the injury sustained or alleged |  |
| Is the injured person a customer, member of the public or an employee? |  |

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| ADDITIONAL DETAILS AND ATTACHED EVIDENCE |
| Please note any additional information here that you feel is relevant to the matter |  |
| Please list any additional evidence that you have attached to help us understand the claim/incident (e.g. photos, invoices, claim or court documents etc.) |  |

STATEMENT OF TRUTH

I hereby confirm that the information above is accurate to the best of my knowledge and also understand that in signing this statement of truth my Insurer may rely upon my signing this document in respect of any investigations made in relation to fraud prevention or otherwise.

Signed (typed or handwritten) ………………………………………………….

Dated…………………………………………….