



GAUNTLET

Public and Products Liability Report Form

Section 1 - Insured Information			
Name of Policy Holder			
Address			
Business Description			
Insurer Name			
Policy Number		Renewal Date:	
Name of Person to be contacted in connection with this incident		Telephone No:	
VAT Registration Number			

Section 2 - Detail of Incident	
Date & Time of Accident	
Where did Accident occur?	
Date you received notice of accident, and from whom	

Now please complete either section 3 or 4 (but not both)

Section 3 - Public Liability	
Give full particulars of accident and state exactly how it occurred	
Give names and addresses of witnesses of accidents, and by whom employed	
Addresses of police station where you reported the Accident (if applicable)	
What work were your employees engaged upon the scene and at time of accident	
Do you accept responsibility for the accident? If not, whom do you consider responsible and why?	

Section 4 - Product Liability	
Please describe the nature and type of product or goods involved	
Do you manufacture the product? If not please advise the name and address of the manufacturers or known suppliers	
Did you supply the product direct to the claimants? If not please advise the name and address of the intermediary to whom you supplied the product	
How long have you manufactured/supplied the product?	
Describe the alleged defect in the product	
Was the product supplied with any special instructions for use?	If it is considered that failure to comply with instructions contributed to the accident please send us a copy
Do you accept an allegation of faulty design or manufacture of the product?	

Section 5 - Claimant Information	
Has any claim been made upon you to date?	
If so please state when and whether verbally or in writing	
Please give Name and Address of claimant or potential claimant	
Please set out in detail the injury and/or damages sustained	

Please note that any communication about this accident should be forwarded unanswered to your Gauntlet Insurer

Section 6 - Declaration

I/We declare that the above statements are true to the best of my/our knowledge and belief and I/We have no other insurance that will respond to this claim

Signature:	Date:
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