



Public/Products Liability Report Form

Completing the claim form

It is always important to notify your Insurer of a claim as soon as possible after an accident has occurred. Please therefore complete this form and return it to us within thirty days of the incident. We will then forward all relevant information and documentation to your Insurer.

Contact our Claims department or your Account Executive on the following numbers if you require any assistance with completing this form.

PLEASE COMPLETE ALL RELEVANT SECTIONS USING BLOCK CAPITALS. Tick the boxes and sign and date the form

Claims Department Contact Numbers

Andrea Compton	0116 2999 071
Kally Toft	0116 2999 016
Matthew Thompson	0116 2999 020

Directors/Account Executives

Chris Thorpe	0116 2999 009
Dave Norwood	0116 2999 015
James Moore	0116 2999 019
Ketan Popat	0116 2999 064
Jo Watson	0116 2999 003
Perry Turner	0116 2999 002
Peter Turner	0116 2999 005

Admission of Liability

It is important that your Insurers negotiate the settlement of this claim. Any agreement made with the Third Party or admission of liability on your part may be in breach of policy terms and conditions and may affect settlement of the claim.

Third Party Correspondence

All correspondence received from other parties relating to the incident should NOT be answered but sent to us immediately.

Should I make a claim?

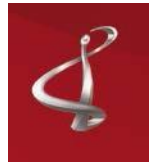
All incidents should be advised to the Company whether or not it is your intention to make a claim against your policy.

Complaints Procedure

We will endeavour to deal with all aspects of your insurance requirements in a professional manner. Should you not be satisfied with any aspect of our service, you should refer the matter initially to your account executive. If you remain unsatisfied, you may request that a review of your case be conducted by the Directors of Turner Insurance Group. Your complaint will be acknowledged in writing within five days and the investigation completed within fourteen days of your request and a written reply submitted to you. If you are a retail customer as defined by the Financial Services Authority and are still not satisfied you can take your complaint to the Financial Ombudsman Service. Details are available on request.

Turner Insurance Group

34-36 Princess Road West, Leicester. LE1 6TQ Tel: 0116 2999000 Fax: 0116 2999001 www.turnerinsurance.co.uk
Authorised and regulated by The Financial Conduct Authority



Public/Products Liability Report Form

For office use only

Turners Claim Reference

Insurance Company

POLICYHOLDER

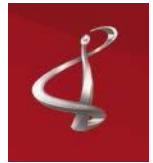
Name/Insured			
Policy number			
Address			
Postcode			
Business			
Daytime telephone number	Contact		
Fax number			
E-mail address			

THE EVENT (if applicable)

Date		Time		am/pm	
Location					
When was it first notified to you?		By whom?			
State fully what happened (continue on a separate sheet if necessary)					
What precautions against the accident/injury had previously been taken?					
What plant or equipment, if any, was involved? (any relevant equipment must be kept for inspection)					
Has any Authority investigated since the event? (If YES give details)					
If an employee caused the event, state name, address & occupation					
If the event arose out of work under contract, has any indemnity or disclaimer been given or received?					
Name & Addresses of all witnesses (if written statements obtained, please attach)					
Name of Person in charge at the time of the incident					
Do you have any other Insurances which may cover this claim? Yes <input type="checkbox"/> No <input type="checkbox"/>					

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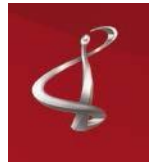


DETAILS OF PRODUCTS CLAIM (if applicable)

Date		Time		am/pm	
Location					
When was it first notified to you?			By whom?		
Details of the Product					
Do you manufacture, distribute, supply or retail the product?					
What caused the claim? (continue on separate sheet if necessary)					
Was the product defective? (if YES give details)				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are any other products affected? (if YES advise recall procedure)				Yes <input type="checkbox"/> No <input type="checkbox"/>	
What remedial action is being taken?					
Was the product used in accordance with instructions? (If NO please explain)				Yes <input type="checkbox"/> No <input type="checkbox"/>	
From whom did you obtain the defective product? Please provide full name and address					
If contract work executed explain nature of contract					
Do you have written contracts with either supplier or customer? (if YES attach copy)				Yes <input type="checkbox"/> No <input type="checkbox"/>	

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INJURY (if applicable)

If more than one person, continue on separate sheet

Name	Date of Birth
Address	
	Postcode
Occupation	
Injuries sustained	
Name of Doctor / Hospital where treated	

DECLARATION

I declare that these details are correct to the best of my knowledge. I request you to deal on my/our behalf with the Third Party claims arising herein, in accordance with the terms and conditions of the policy, and I authorise you and your solicitor to make such admission and settlements and give such consents as you may consider necessary for the disposal of such claims and any litigation arising there from.

Signature of Policyholder		Date	
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ANY CORRESPONDENCE THAT YOU RECEIVE ABOUT THIS INCIDENT SHOULD NOT BE ANSWERED BUT SENT TO US IMMEDIATELY

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