

# Beech Underwriting Agencies Ltd

# Liability Claim Form

12 Starnes Court, Union Street, Maidstone, Kent ME14 1EB Tel: 01622 755218 Fax: 01622 764735

**IMPORTANT** Please make sure that all questions on this form are fully answered. The form **must** be signed and dated.

## **AGENT DETAILS**

### **SECTION 1** Insured Details:

Beech Certificate No.....  
Name/Address of Insured.....  
Risk Address.....  
.....Postcode.....  
Contact Details. Telephone No..... Mobile No.....  
Home No..... Fax..... Email address.....

### **SECTION 2** Accident Details:

- a) Date and Time of Accident..... Place.....
- b) Name of person who reported accident to you.....
- c) Date and Time, accident was reported to you.....
- d) Was the accident due to any breakdown or defect in ways, works, machinery or plant? Yes/No  
If yes, please supply full details.....  
.....
- e) Can the accident be attributed to fault or negligence? Yes/No  
If yes, please supply full details.....  
.....
- f) Explain fully how the accident occurred- use a separate piece of paper if there is insufficient room.....  
.....  
.....

### **SECTION 3** Personal Injuries

g) Name of person injured.....  
Address.....  
.....Postcode.....  
Employer & Occupation.....  
Please advise full details and extent of injuries. Also name and address of hospital if applicable.....  
.....  
.....

**SECTION 4 Property Damage**

h) Property owners name and address.....

.....  
.....

Particulars of property.....

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Advise full details of nature of damage sustained.....

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**SECTION 5 WITNESSES**

i) Give names and addresses.....

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If any of the witnesses are in your employ, please advise names.....

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Did a Police Officer witness the accident or take any details, if so, advise Officer's Name, No. and Station.....

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**SECTION 6 Claim**

j) Has any claim been made on you verbally or in writing? Yes/No

If so, supply full details and enclose any Third Party communications/correspondence.....

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I/we declare that to the best of my/our knowledge the information stated is true and complete

Signature..... Date.....

Status (if signing on behalf of your company).....

**IMPORTANT NOTE**

**You are reminded that in no circumstances should you admit any liability, or make any offer, or enter into any correspondence in connection with any incident, which may result in a claim under your policy.**