

Canopius Underwriting Limited

Liability Insurance

Claims Form

Should the Insured have the misfortune to make a claim under their policy with Canopius Underwriting Limited, our aim is to deal with the claim as promptly as possible. In order to be able to do so we first need our Insured to report the facts and or the event to us immediately in accordance with the respective policy conditions. It is in the interest of both the Insured and Canopius Underwriting Limited to have the fullest possible details of the matter passed to us at the outset so that the correct action can be taken to minimize the affects of the incident. It is imperative that the Insured is aware of the policy conditions in relation to claims and that these are complied with in order to receive the benefit of the policy coverage.

It is anticipated that a claim notification will be made via the broker through whom the Policy was arranged with Canopius Underwriting Limited. Thereafter the notification route should be as follows:-

Canopius Underwriting Limited

Gallery 9, One Lime Street
London EC3M 7HA

Tel. 020 7337 3700
Fax. 020 7337 3999

Please send to Canopius Underwriting Limited, Gallery 9, One Lime Street, London EC3M 7HA
Telephone: 020 7337 3700 Fax: 020 7337 3999

Sections 1, 2, 3 & 7 must be completed together with any other relevant sections (in BLOCK CAPITALS).

■ **DETAILS OF POLICY**

1 Policy number _____

■ **PARTICULARS OF INSURED**

2 Name of insured (please complete A or B)

A Title (Ms/Miss/Mrs/Mr/other) _____ First name _____ Middle Initial _____
Surname _____

B Name of Company or Firm _____

Address of Insured _____

Postcode _____

Tel. No. _____ Fax No _____

Business or Profession _____

3 VAT Registered. YES/NO _____

4 Type of Claim Employer's Liability Public Liability

■ **PARTICULARS OF INCIDENT**

5 Date and time of incident _____

6 Location of incident _____

7 When and by whom the incident was reported. _____

Please attach copy of accident book entry, if available. _____

■ **PERSONAL INJURY ACCIDENTS**

8 Name(s) of injured person(s)

- a) _____
- b) _____
- c) _____
- d) _____

9 Address(es) if known
a) _____
b) _____
c) _____
d) _____

10 Age(s) and occupation(s) if known
a) _____
b) _____
c) _____
d) _____

11 Injuries sustained.
a) _____
b) _____
c) _____
d) _____

12 Describe the event giving rise to the Injury including how the event occurred
Date ceased work:
a) _____
b) _____
c) _____
d) _____

Date Returned to work:

a) _____
b) _____
c) _____
d) _____

14 If possible please provide the following details with regard to the injured person(s):

Employed by: _____

How long employed by this employer _____

Marital status _____ Number of dependent children _____

National Health Insurance number

--	--	--	--	--	--	--	--	--	--

■ **WAGE DETAILS**

15 Approximate Net earnings exclusive of income tax and NI £ _____ per week/month.

Net payments made by this employer to date for SSP / Company sick pay and Income Tax Refunds in total £ _____

■ **PROPERTY DAMAGE INCIDENTS**

16 Owner(s) of damaged property _____

17 Name of claimant(s) if other than above _____

18 Full details of damage/ alleged damage and how damaged caused _____

(Please attach copy estimates or accounts if any.)

19 Was claimant(s) known to insured prior to incident? YES or NO _____

If yes, state relationship of claimant(s) to Insured _____

■ **DAMAGE TO UNDERGROUND SERVICES**

20 Was notice given and enquiry made under PUSWA and if so, to/from whom? YES or NO _____

21 Were plans obtained showing location of existing services? YES or NO _____

22 Was any discrepancy discovered relevant to this incident? YES or NO _____

If yes, give full details _____

■ **GENERAL**

23 Describe work being undertaken at time of incident _____

24 Name of person in charge at time of incident _____

25 Details of any machinery/plant involved _____

26 State whether any defects noted. YES or NO _____

If yes, give full details _____

27 Name(s) and Address(es) of any witness(es)

a) _____

b) _____

c) _____

d) _____

28 Who do you consider to have been responsible for the incident and why _____

29 Any other comments _____

30 Has any claim been made YES/NO _____

(Please attach any correspondence that relates to the claim.)

I / We declare that the above information is, after proper research, true and complete to the best of my / our knowledge and belief.

Signed _____ on behalf of the Insured _____

Name (print) _____

Position _____ Dated _____