

PUBLIC / EMPLOYER LIABILITY CLAIM FORM

INSURED NAME _____

POLICY NUMBER _____

BROKER _____

AIUA claims are handled in compliance with the requirements of the ABI Claims Code. Further information can be obtained by visiting the ABI website <http://www.abi.org.uk>

IMPORTANT NOTICE

In the event of this claim being successful and payment authorised in your favour, the amount being claimed can be paid directly in to your bank account using Bank Automated Clearing Services (BACS).

In order to do this the company will need you bank account details so please complete the form below (Capital Letters Please) :-

Name of Bank	
Branch	
Sort Code	
Bank Account Number	
Account Name	

Towergate AIUA

8 Grove Park Court, Harrogate, North Yorkshire, HG1 4DP

Tel: 01423 524185 Fax: 01423 505831 Email: aiua@towergate.co.uk www.towergateaiua.co.uk

Towergate AIUA is a trading name of Towergate Underwriting Group Limited

Registered in England No. 4043759 Registered Address: Towergate House, 2 County Gate, Staceys Street, Maidstone, Kent ME14 1ST

Authorised and regulated by the Financial Services Authority

Policyholder details

Name _____

Address _____

Tel. No. _____

Nature of business _____

Contact name and telephone number _____

Details of accident / loss - complete in all cases

Date of loss or damage _____

Where did it occur? (address and nature of premises) _____

What was the nature of work you (the policyholder) were undertaking at the place of the incident? _____

What happened to cause the accident? (Continue on a separate sheet, if necessary) _____

Give whatever details you can about the extent of the injury, disease or damage _____

Give details of person(s) injured or whose property was damaged

Name _____ Tel. No. _____

Address _____

Give details of any witnesses

Name _____ Name _____

Address _____ Address _____

Tel. No. _____ Tel. No. _____

Has any claim been made against you? YES / NO

ANY LETTER OR DOCUMENT YOU RECEIVE SHOULD BE PASSED TO US IMMEDIATELY AND UNANSWERED

Complete only if an employee is injured

Name of employee _____ National Insurance No. _____

Address _____

Date of birth _____ Marital Status _____

Occupation _____ Length of service _____

Has the employee returned to work? YES / NO If so, date of return _____

Give details of employees NET weekly wage £ _____ or NET monthly salary £ _____

Give details of weekly Statutory Sick Pay/ Company Sick Pay £ _____

Value Added Tax (Legal/ Professional Representation).

Please read these notes carefully and complete the questions as appropriate

- a. It may be necessary, to protect your interests, for us to instruct solicitors or other professional people, on your behalf. Where we consider such services necessary we will pay the cost. The services provided attract Value Added Tax.
- b. These services are treated as being supplied to a policyholder and not to their insurers. If you are registered for V.A.T. purposes you will be able to recover V.A.T. or a proportion of it.
- c. If you tell us that you can recover V.A.T. we shall ask the solicitors or other professional person instructed, to send their tax invoice to you when their costs are due. The V.A.T. element should be paid by you and recovered from H.M. Customs and Excise in the usual way.
- d. We shall pay the balance of the account including any proportion of V.A.T. which you cannot recover.

1. Are you registered for V.A.T. ? YES / NO

2. Can you recover 100% of the V.A.T. ? YES / NO

If not, what percentage can you recover %

3. If you are registered for V.A.T, please tick the box, indicating that you authorise us to instruct solicitors or other professional people, on your behalf

(The V.A.T. content of the account is payable by you to the extent that you can recover the tax.)

Notice

Insurers share information with each other to prevent fraudulent claims and for underwriting purposes via the Comprehensive Loss Underwriting Exchange register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.

Declaration

I/ We understand that you may seek information from other insurers to check the answers I/ we have provided.

I/ We declare that to the best of my/ our knowledge the above particulars are true and correct.

I/We understand that in handling this claim, Towergate AIUA (a trading name of Towergate Underwriting Group Limited) will act on behalf of the insurer(s) and that I/we confirm our informed consent to the claim being handled on this basis.

Signed _____ Date _____