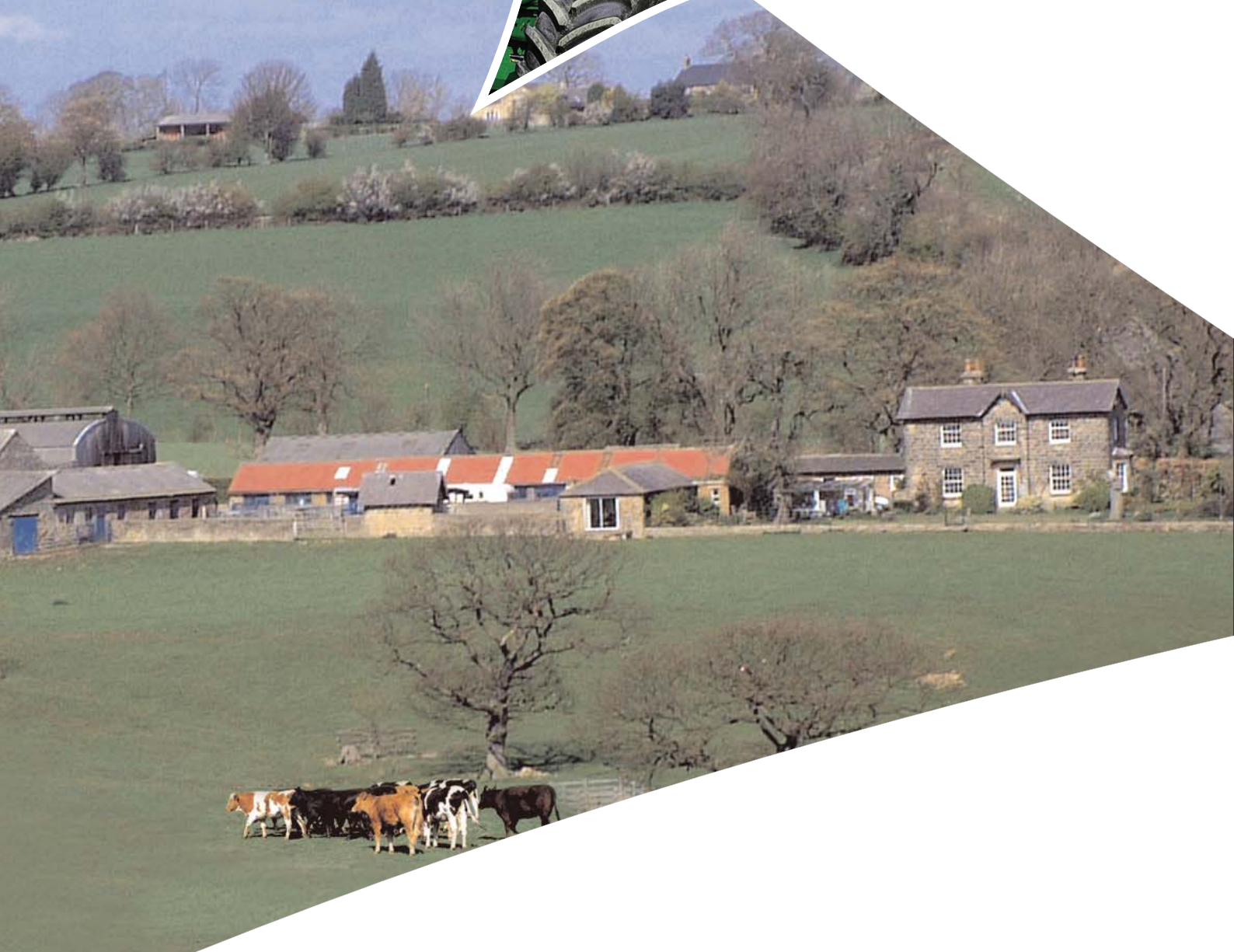




Public / Employer Liability
Claim Form



Guidance Notes

Most delays in settling claims arise because claim forms are not fully completed or requested documents are not sent to us. We would therefore ask you to answer all questions (dashes and spaces cannot be accepted).

You should read and sign the declaration.

If you are unable to supply any of the requested documents, please include a separate note explaining why this is, to enable us to help you more quickly.

IMPORTANT: PLEASE READ CAREFULLY Please answer all the questions in **FULL** and in **BLOCK CAPITALS**.

The form when fully completed must be returned to your Insurance Broker, who arranged this insurance for you. They will forward it to AIUA.

INSURANCE BROKER DETAILS			
Name & Address			
Postcode		Tel. No.	
Contact Name		Email	

To be completed by the claimant

If you are unable to complete this form personally, it may be completed on your behalf.

Policy No.	<input type="text"/>	Policyholders Name	<input type="text"/>
Insured Person's full name (including any titles)	<input type="text"/>		
Date of Birth	<input type="text"/>	Occupation(s)	<input type="text"/>
Address	<input type="text"/>		
Postcode	<input type="text"/>	Tel. No.	<input type="text"/>
		Mobile	<input type="text"/>

Details of accident / loss

Date and time of loss or damage	<input type="text"/>
Where did it occur? (address and nature of premises)	<input type="text"/>

Please give a full description of the accident/incident (Continue on a separate sheet, if necessary)

<input type="text"/>

Third Party Injury / Employee Injury			
Name of Third party		Tel. No.	
Address			
Is the injured party an employee? If so, please complete the following			
Name of employee		National Insurance No.	
Address			
Date of birth		Marital Status	
Is the employee under your direct employment?		Yes	No
At the time of injury was the employee at work under your employment?		Yes	No
Occupation		Length of service	
Has the employee returned to full time work?		Yes	No
If so, what was the date of their return to work?			
Give details of employees NET weekly wage			£
or NET monthly salary			£
Give details of weekly Statutory Sick Pay/ Company Sick Pay			£

Injury/Damage
What is the nature of the injury or damage?

Please attach any documents submitted in support of the damaged item/replacement value.

Give details of any witnesses			
Name		Name	
Address		Address	
Tel. No.		Tel. No.	

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

Value Added Tax (Legal/ Professional Representation).

Are you VAT registered? YES NO

Can you recover 100% VAT for this claim ? YES NO

If not, what percentage can you recover %

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.

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.)

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS) Ltd and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

DECLARATION

I/We understand that in handling this claim, AIUA (a trading name of Geo Underwriting Services 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. **I/We** understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. **I/We** confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source.

You must read the declaration before signing

Signed Date

AIUA, Gimbald Crag Close, Knaresborough, HG5 8PJ,
T: 0344 346 0411, F: 0344 346 0412 email reception@aiua.co.uk www.aiua.co.uk

AIUA is a trading name of Geo Underwriting Services Limited
Registered Address: Towergate House, Eclipse Park, Sittingbourne Road, Maidstone, Kent ME14 3EN
Registered in England No. 4070987
Authorised and regulated by the Financial Conduct Authority. FCA Register Number 308400
V1 02/18 Classified *Public*



IMPORTANT NOTICE TO ALL CLAIMANTS

In the event that your claim is successful, we shall most likely issue payment by BACS transfer directly into your bank account, as this is both a faster and more secure form of payment.

Can you please complete the boxes with your bank account number, bank sort code, bank name and bank address ensuring our claims reference is quoted.

Geo Underwriting Services Ltd utilise an encrypted email system, but if your email system is not encrypted, we cannot guarantee the security of your communication and you may wish to consider alternative methods of submitting these details.

Please detach the final page if details regarding your claim need to be completed by your vet, doctor or other such professional, due to the sensitive data contained.

Name of Bank	
Branch	
Sort Code	
Account No.	
Account Name	
Claims Reference	

AIUA, Grimbald Crag Close, Knaresborough, HG5 8PJ,
T: 0344 346 0411, F: 0344 346 0412 email reception@aiua.co.uk www.aiua.co.uk

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