

PUBLIC/PRODUCTS LIABILITY INCIDENT REPORT FORM

ECA Court 24-26 South Park
Sevenoaks Kent TN13 1DU
0330 221 0250
ecic@ecinsurance.co.uk
www.ecic.co.uk

Please complete and return to ECIC immediately.

If the incident involves a fatality, immediate notification by telephone of the location and date of the inquest is required.

Insured's Name	<input type="text"/>	ECIC Policy No:	<input type="text"/>
Address	<input type="text"/>		
Trade or Occupation	<input type="text"/>		

THE INCIDENT

- Date and time of incident:
- Full description of the incident:
- Was any plant, equipment or machinery involved? YES NO
If "YES", please provide full details (See Note A):
- Please provide the names and addresses of all witnesses:

THE LOCATION OF THE INCIDENT

- Please provide the address at which the incident took place:



2. Is this location your own premises or at a contract site? OWN PREMISES SITE

3. Were the premises/site under your control at the time of the incident? YES NO

If "NO", under whose control were the premises/site?

4. Was this responsibility assumed under CDM Regulations? YES NO

DETAILS OF DAMAGE OR INJURIES SUSTAINED

1. Please describe the nature and extent of the damage or injury sustained:

2. Please provide the full name and address of the party sustaining damage or injury:

3. Has any claim be made or intimated against you (See Note B)? YES NO

If "YES", please provide attach copies of any written claim or notification of intention to claim.

NOTES

A Any plant, machinery or equipment involved must be taken out of use immediately and stored in a safe place. Any broken parts must be retained. The items involved must not be used until ECIC has confirmed that it is acceptable to do so.

B Any communication or document received in connection with the incident must be sent to ECIC unanswered and without delay. In accordance with policy terms and conditions, you must not make any admission of liability or offer of settlement.

DECLARATION

I/We declare that to the best of my/our knowledge and belief the statements and particulars supplied by me/us or on my/our behalf in this Incident Report Form are true and complete

Insured's Authorised Signatory

Date

Position of Authorised Signatory