

Public Liability

(General) Claim form

Please return this form to:

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A Policyholder Details

Name of Insured

Policy Number

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Business

Address

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B Details of Accident

1. Date and Time

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2. Exact place where Accident occurred

3. Explain fully what happened

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4. Who was responsible for accident and why?

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5. Was the Accident caused by any defect in your Premises, Plant or machinery?

6. If so, state exact nature of defect

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7. Was the accident caused through or by any or your employees?

8. If so, state names occupations and how long in your service

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C Injury and Damage

9. If any person other than a employee was injured, state:

Names/Addresses/Occupations

10. Nature and Extent of Injuries

11. Name and address of Employer (if any)

12. If the Property of any person other than that of an employee has been damaged, state:

Name and address

Occupations

13. Nature and extent of damage

14. Has any claim been made upon you?

15. If so, for what amount?

Any written communication should be forwarded without delay.

D Witnesses

16. Give Names, Addresses, Email, Phone and Occupations of any Witness

17. Please indicate which, if any, of these witnesses are in your employment

18. If Particulars of Accident were taken by a Garda, give name of Garda and Station

E Data Protection

Zurich Insurance plc ('Zurich') will hold your details in accordance with our Data Protection and Privacy Policy together with all applicable data protection laws and principles.

Information you supply may be used by us for the purposes of administering your policy (including underwriting, processing, claims handling and fraud prevention) within the Zurich Financial Services Group and our partners inside and outside the European Economic Area.

We may share with our agents and service providers, members of the Zurich Financial Services Group, other insurers and their agents, and with any intermediary acting for you, and with recognised trade, governing and regulatory bodies (of which we are a member or by which we are governed) information we hold about you and your claims history. This includes the Insurance-Link database and the Irish Insurance Federation's anti-fraud claims matching database. We may also in certain circumstances use private investigators to investigate a claim.

We may also need to collect sensitive personal data (for example, information relating to your physical or mental health or the commission or alleged commission of an offence) to assess the terms of insurance we issue/arrange or to administer claims which arise.

Unless you have advised us otherwise, we may share information that you provide to companies within the Zurich Financial Services Group and with other companies that we establish commercial links with so we and they may contact you (by email, SMS, telephone or other appropriate means) in order to tell you about carefully selected products, services or offers that we believe will be of interest to you.

Please tick here if you do not wish your information to be utilised for these purposes

You have a right of access to and a right to rectify data concerning you under the Data Protection Acts 1988 and 2003. Should you wish to exercise this right, please write to the Data Protection Officer, Zurich, Zurich House, Ballsbridge Park, FREEPOST, Dublin 4. To access your data, a fee of €6.35 is chargeable under the terms of the Data Protection Acts and cheque should be made payable to Zurich.

By providing us with your information and proceeding with this contract, you consent to all of your information being used, processed, disclosed, transferred and retained for the purposes of insurance administration (including underwriting, processing, claims handling and fraud prevention). Please note that a copy of our full Data Protection and Privacy Policy can be viewed on our website www.zurich.ie or requested by writing to our **Data Protection Officer at Zurich, Zurich House, Ballsbridge Park, FREEPOST, Dublin 4.**

F Declaration

N.B. – For your own protection, please note that your Policy provides that the Insured shall not, without the consent in writing of the Company, make any payment, settlement or arrangement, in respect of any claim, nor shall he without their consent, make any admission of liability in respect of any such claim.

I/We declare the foregoing particulars to be true to the best of my/our knowledge. I/We hereby authorize the Company and/or any Solicitor(s) instructed by the Company, to deal with all matters arising from the incident at their discretion and, if they deem it expedient, to admit liability and/or negligence on my/our behalf in connection with any claim(s) or legal proceedings.

I understand that Zurich may record telephone calls for security and training purposes, for fraud and crime prevention and to ensure the highest level of service.

I am aware that I may appoint an Independent Loss Assessor to act on my behalf and help with the preparation of my claim, but the cost of such will be at my own expense.

Signature

X

Date

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Please sign and date.

