

Cornish Mutual Liability Claim Form

For office use only

Ref no. _____

Please complete the following sections and return to Cornish Mutual
The settlement of a valid claim will be made on the basis of your Policy wording

1. Your details

Please fill in this section for all claims

1.1 Your Member reference number or your Policy number

1.2 Name _____

Address _____

Postcode _____

Home telephone _____

Business telephone _____

Email _____

Nature of trade or business _____

Are you registered for VAT? Yes No

2. About your claim

Please fill in this section for all claims

2.1 Please state the date and time the incident took place

Date _____

Time _____

2.2 Please state the date you first became aware of the incident _____

2.3 Where did the incident take place? _____

2.4 Please state fully how the incident occurred including details of any work engaged upon at the time of the incident (if you need more space please supply this on a separate piece of paper quoting your Member reference or Policy number) _____

2.5 In your opinion who was responsible for causing the damage, loss or personal injury _____

2.6 Did the incident involve plant or machinery?

If 'Yes' please give details Yes No

3. Property damage incident

If the incident involves damage to property please complete this section, otherwise go to section 4

3.1 Name and address of property owner(s)

Criminal or Civil Proceedings

If you receive Civil Proceedings, Notice of Intended Prosecution or Notification of a Coroner’s Inquest or Fatal Accident Inquiry please forward it to us without delay. This will enable us to consider arranging for your legal representation.

3.2 Describe the damage to the property

4. Personal Injury

If the incident involves personal injury please complete this section otherwise go to section 5

4.1 Name and address of person injured (If more than one person injured please provide information on a separate sheet) _____

4.2 Details of personal injury _____

4.3 Was the person injured treated at hospital?
If ‘Yes’ please name the hospital Yes No

4.4 Occupation of injured person (if known)

4.5 Date of birth of injured person (if known)

4.6 Was the injured person in your employment?

If the answer is ‘Yes’ please provide the following details Yes No

Date employment commenced _____

Average pre-injury net weekly earnings including bonus and overtime _____

Date last worked _____

Date of return to work (if known) _____

4.7 If the injured person is not employed by you, please state the name and address of any known employer

Don’t forget to complete the details and declaration overleaf...

5. Witnesses and reports

- 5.1** Were there any witnesses to the incident?
 Yes No

If 'Yes' please provide the name and address of each witness _____

- 5.2** Were details taken by or reported to the police?
 Yes No

If 'Yes' please provide the following details:

Police officer's badge number _____

Police reference number _____

Police officer's telephone number _____

- 5.3** Were details taken by or reported to the Health and Safety Executive or any other local or national government agency?
 Yes No

If 'Yes' please provide the name and address

- 5.4** Were details entered in your accident report book?
 Yes No

If 'Yes' please retain the original document and provide

Date of the entry _____

Details of the entry _____

6. Claims made against you

- 6.1** Has any claim been made against you?
If 'Yes' please provide details Yes No

7. Your declaration

I/We declare that the statements made are true to the best of my/our knowledge and belief.

Insurers may pass information to the Claims and Underwriting Exchange register, run by Insurance Database Services Ltd (IDS). The aim is to help insurers to check the information provided and also to prevent fraudulent claims.

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

Signature of Policyholder(s)

Position held (if company or partnership)

Date _____

Please detach this form from the 'how to complete your claim form' details and return it with any supporting paperwork to the Claims Department, Cornish Mutual, CMA House, Newham Road, Newham, Truro, TR1 2SU.



The Cornish Mutual Assurance Co Ltd
Registered office: CMA House, Newham Road,
Newham, Truro TR1 2SU. www.cornishmutual.co.uk
Tel 01872 277151
Fax 01872 263032
Email claims@cornishmutual.co.uk

This claim form is liable to alteration from time to time January 2012 – cancelling all previous issues. To help us improve our service, calls to our office may be recorded and monitored

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Important information

Please forward to us 'unanswered' and without delay any correspondence received in connection with the incident, quoting your Member reference number or your Policy number.

You must not make payments, offers or admissions of liability.

Criminal or Civil Proceedings

If you receive Civil Proceedings, Notice of Intended Prosecution or Notification of a Coroner's Inquest or Fatal Accident Inquiry please forward it to us without delay. This will enable us to consider arranging for your legal representation.

Our commitment to you

As a Mutual organisation we are Member-centred and seek to give a high level of service at all times.

We want to make sure that claims are treated fairly and settled promptly and ensure that our Members are provided with clear guidance on the claims process and where relevant why a claim is rejected or not settled in full.

We aim to respond to a received claim in five business days or less.

We will do everything possible to deal with your claim to your satisfaction but if any problems do occur please contact the Managing Director, Cornish Mutual, CMA House, Newham Road, Truro, TR1 2SU, Tel: **01872 277151** Fax: **01872 263032** or email claims@cornishmutual.co.uk

Please use this space for notes for your own records

Please detach this section and keep for your records

How to complete this claim form

Please read this section and the important information overleaf, detach and keep for your records.

Before completing your claim form please take a moment to read through the information below.

It is important that you do not delay returning your claim form as failure to do so could adversely affect the claim process.

If you have any other information or documentation relevant to the incident please include it when you return this form. If you are waiting for information please return the claim form first and send on the supporting information at a later date. This will enable us to start processing your claim as soon as possible.

Please help us to deal with your claim efficiently either by quoting your Member reference number or your Policy number on all correspondence and/or Cornish Mutual's Claim Reference when issued.

If you need more space to answer a section of the form please supply this on a separate piece of paper quoting your Member reference number or your Policy number.

If you have any queries regarding how to complete your claim form please do not hesitate to contact the Claims Department tel **01872 277151**, fax **01872 263032** or email **claims@cornishmutual.co.uk**.

When corresponding with us by email please note that proof of sending an email does not mean we have received it. Please ensure we acknowledge receipt of your email.

Please read this section and the important information overleaf, detach and keep for your records.

How to return this claim form

When you have completed this claim form please attach any supporting information and send it to the

Claims Department,
Cornish Mutual,
CMA House,
Newham Road,
Newham,
Truro, TR1 2SU.

As soon as we receive your claim form we will start processing your claim.



The Cornish Mutual Assurance Co Ltd

Registered office: CMA House, Newham Road,

Newham, Truro TR1 2SU. www.cornishmutual.co.uk

Tel 01872 277151

Fax 01872 263032

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