

Plant Machinery

If plant or machinery is involved please provide the following details

Make and Type

Registration Number

Owners Name Address

Post Code Telephone Number

Was the plant/machinery hired by you? Yes No

If 'Yes' who hired from?

Was the plant/machinery hired out by you? Yes No

If 'Yes' who to?

If hire involved please attach a copy of terms and conditions.

Name and address of driver of plant/machine

Telephone Number if known

Who employs the driver?

Under whose instruction was the driver working?

Site

Please provide the following details if there was more than one contractor on site

Main Contractor

Other contractors (Please state if they are labour only)

If you are not the main contractor who were you contracted to?

Please confirm the terms of your contract or attach a copy

For whom did the responsible party work?

Claim

Has any claim been made on behalf of the third party either verbally or in writing? Yes No

was the claim, Written? or Verbal?

Important

All correspondence received should be forwarded immediately, unanswered.

(It is in order to supply insurance details to the claimants representative)

Make no admission of liability or promise of payment.

Witness

Name Address

Telephone No if known Employee Yes No

Name Address

Telephone No if known Employee Yes No

Name Address

Telephone No if known Employee Yes No

Liability

Do you feel you are liable for the accident? Yes No

If not please confirm who is liable and why?

Third Party/Claimant

Name

Age OR Approximate age

Address
 Post code

Telephone Daytime Telephone evening

Injury

What injuries were sustained?

Where was the third party treated ?

Was the third party detained in hospital? Yes No

Property Damage

Please describe the property damaged

Who owns this property?

Age of property Value £ Cost of repair £

Pre accident condition

UNDERGROUND SERVICES

If the claim involves damage to underground pipes, cables etc please complete this section.

Please supply the following information:

1. (a) What action did you take prior to undertaking the work to ascertain from the appropriate Public Authorities the location and depth of all underground services?

- (b) If you obtained the plans, from where were they obtained?

2. (a) Were any enquiries made on site to check or determine position of underground services?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

- (b) If so, what tests were carried out (e.g. trial holes)?

- (c) Did representatives of cable/pipe owners visit site to assist in locat
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

3. (a) Were damaged cables/pipes found in position marked?
- | | | |
|--|-----|----|
| | Yes | No |
|--|-----|----|

- (b) What was the amount of deviation from the marked and actual position?

- (c) What was the depth at which you were working?

4. (a) Was damage caused by:
(i) Mechanical Plant (self propelled) (ii) Hand operated plant? (iii) Hand tools?

- (b) In the case of mechanical plant, please state:

- (i) Name of owner and address

- (ii) Name of driver:

- (iii) Name and address of drivers employer:

- (iii) Name and address of drivers employer:

- (iv) Type of plant involved:

- (v) Registered number of identification number of plant:

- (vi) Contract under which plant was hired (e.g. C.P.A)

- (vii) if you are the plant owner, name and address of motor insurer of the plant

Name		Address	

5. (a) Is work still in progress? Yes No

(b) If so who is the foreman or supervisor?

(c) What is the Site telephone number?

N.B Some or all of the information which you supply to AXA Insurance/Faraday Reinsurance in connection with this insurance will be held by the Company on computer and will be passed onto other insurance companies for underwriting and claim handling purposes.

Declaration I/we declare that the information given on this form is true to the best of my/our knowledge and belief.

I/we authorise you and your solicitors to deal with this claim within the terms of my/our policy and admit liability on our/my behalf if appropriate.

Signature

Date

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