

ACCIDENT/LOSS REPORT

(NOT to be used for accidents involving motor vehicles registered for road use)

WHEN COMPLETED PLEASE SEND THIS FORM TO: Daines Kapp Insurance Brokers Ltd
 Daines Kapp House
 4 Baldock Street
 Ware, Herts SG12 9DZ

Tel: 01920 484844
 Fax: 01920 484833

Email: tracey@daineskapp.co.uk

Insured Name:	Your Ref:
This form will be used for information purposes only and does not necessarily replace the Insurers own, which may also be required. Please complete as full and accurately as possible.	
Report of an accident or loss involving: Please tick whichever is applicable:	
Personal injury to an Employee <input type="checkbox"/> Personal injury to a Third Party <input type="checkbox"/> Loss/Damage to own Property <input type="checkbox"/>	
Loss/Damage to Property of a Third Party (excluding damage caused by registered vehicles or plant). <input type="checkbox"/>	
Loss/Damage to Hired in Plant (not registered for road use) <input type="checkbox"/>	
Full Risk address of site/Premises where loss occurred:	
Date & Time when loss occurred:	
Person to contact: Contact number:	
How did the accident/damage/loss occur? (Please state full or attach addendum/diagram)	
Details of Property lost or damage:	
Value of Property and Purchase Date:	
If the Property was stolen, the date when the Police were advised and address of the Police Station and Crime Reference Number:	
Present location of damaged property:	
Estimate for replace/replacement:	
Witnesses to accident. Please give full names and addresses. (Please attach copy statements where possible).	
Can accident/damage/loss be attributed to any person? Please give details:	
Is such person employed by the Group?	
If injuries to Employee or Third Party, please state: (a) Nature of injuries. (b) Estimated period of total disablement: (c) Is the injured person at present totally unfit for work? (d) If so, on what date did disablement commence? (e) If injured person is detailed in hospital, please state which hospital? Has any formal claim been made against you? If so, by whom and in what manner?	
SIGNED BY	
POSITION	DATE