

General Liability Claim Form



Registered address:
8 Eagle Court, London, EC1M 5QD

Registered in England and Wales No. 3726678
Authorised and regulated by the Financial Conduct Authority
Registration Number 308372

General Liability Claim Form

Dear Member

This claim form should be completed for reporting claims for liability under your Sportscover general liability insurance.

All sections need to be fully completed. It is necessary that every care should be taken in completing this claim form and the information given herein should be accurate.

You should not make any payment, offer or promise of payment or admit liability in any way, as by doing so you may prejudice your position and forfeit the benefits afforded in the terms of your policy.

Claims can only be accepted if the declaration is signed and dated at the end of the form.

The claim form should be returned with any accompanying documents to the address of:

Your broker who supplied the claim form to you.

Office use only:

Claim No:

Policy No:

Policyholder Information

1 Policyholder Information

Name

Address

Postcode:

Telephone number

Home:

Work:

Mobile:

Email address

VAT registered?

Yes:

No:

Number if yes:

2 Policy Number

Accident information

3 Did the accident occur at an event authorised by you?

Yes:

No:

(if yes, give details below)

Event name:

Event date:

4 Was an insured participant involved in the accident?

Yes:

No:

(if yes, give details below)

Name

Address

Postcode:

Third Party / Claimant Details

5 Third party personal details

Name

Address

Postcode:

Telephone number

Email address

Date of birth

Occupation

Accident / Incident Details

6 Accident / incident details

Date

Time

AM

PM

Place

7 Please provide full details of the accident circumstances:

8 Was liability admitted?

Yes:

No:

(if yes, give details below)

9 Has any enquiry been held by police?

Yes:

No:

(if yes, give details below)

10 Is there any other insurance in place that may respond to this loss?

Yes:

No:

(if yes, give details below)

Details of injury, loss or damage

11 Details of injury sustained / losses / property damage:

Witness statements

Please provide names and addresses of all witnesses to the accident

12 Name

Address

Postcode:

13 Name

Address

Postcode:

Declaration

I declare that the details given on this form are true and complete to the best of my knowledge.

Signature

Date

The issue and acceptance of this form does not constitute an admission of liability on the part of Sportscover Europe Ltd

Persons found to have lodged a fraudulent claim are liable for prosecution

Sportscover Europe Limited (Claims) Short Privacy Notice

DATA PRIVACY NOTICE

How we use your data:

Sportscover Europe Ltd takes your privacy very seriously and will only use your personal information to administer your account and provide the products and services that you have requested.

This information may include basic contact details such as names, addresses, and policy number, but may also include more detailed personal information about individuals (for example, their age, health, details of assets, claims history) where this is relevant to the claim. We are underwriting, handling claims and providing services on the insurer's behalf and will pass information to our insurers and others as required.

Individuals have a number of rights in relation to their personal information, including rights of access and, in certain circumstances, erasure.

This notice represents a condensed explanation of how we use personal information. For more information, please refer to our Data Privacy notice.

A copy of our full Data Privacy Notice can be obtained by contacting the Data Protection Officer by email at the address below:

Data Protection Officer
Sportscover Europe Limited
8 Eagle Court
London
EC1M 5QD

Tel: +44 (0)20 7444 1780
Email: claims@active-risk.com
Web: www.sportscovereurope.com

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