

## First notification of loss (FNOL) PUBLIC/PRODUCTS LIABILITY CLAIMS

Broker details - internal use			
Date of Claim Notification			
Lycetts Claims Handler			
Lycetts Ref			
Client Details			
Client Name			
Client Address			
			Postcode
	N	NI	rusicoue
VAT Registered	Yes	No	
Business Description/ Occupation(s)			
Policy Number			
Client Contact Name			
Contact Details	Telephone		
	Email		
Incident Details			
Date of Incident			
Time of Incident			
Location of Incident			
	Postcode		
Circumstances			

Third Party Details				
Name				
Address				
			Postcode	
Contact Details	Telephone Email			
Injury Details				
What injuries were sustained				
Did the third party receive hospital treatment	Yes	No		
Property Damage Details				
Describe the damaged property				
Who owns the property				
Estimated replacement value or cost of repair				
Liability				
Do you feel you are responsible for the incident	Yes	No		
If no, please confirm who is liable and why				
Has a formal claim been received (if yes, provide copies of all correspondence received)	Yes	No		

Witness	
Name	
Address	
	Postcode
Contact Details	Telephone
	Email
Lycetts Internal Use	
Insurance Company	
Policy Type	
Policy No.	
Renewal Date	
Policy Section	
Schedule Page(s)	
Policy Excess	

## DECLARATION

I/We understand that my Insurer will handle this claim on my/our behalf and that I/We give our consent to the claim being handled on this basis. I/We understand that by providing untrue information resulting in a fraudulent claim is a criminal offence likely to lead to prosecution. I/We confirm that the information given on this form is to the best of my knowledge and belief, true in every respect. I/We confirm no amount claimed has been refunded from any other source.

Print name

If not the policyholder, please state your relationship to them

Signed

Date

## **Data Privacy Notice**

Your privacy is important to us. We will process your personal data in accordance with data protection laws.

To provide insurance related services we will need to share the personal data collected with your Insurance company, their service providers and professional advisors and loss adjusters.

For further information on how your personal data is used and your rights in relation to your personal data please refer to our privacy policy at <u>www.lycetts.co.uk/privacy-policy/</u> and our Terms of Business Agreement.

When you have completed the form please save it and email it to ukclaims@lycetts.co.uk