

# U M ASSOCIATION LIMITED

## PUBLIC LIABILITY CLAIM NOTIFICATION FORM

Please send completed form together with all relevant correspondence to : **U.M. Association Ltd.**  
5 St Helen's Place  
London EC3A 6AB

Telephone: 0207 847 8670 Fax : 0207 847 868 E-mail: Aidan.Harvey@umal.co.uk

Member's Name

Member's Claim Ref.

### 1. THIRD PARTY DETAILS:

a) Name

Age

b) Full Address

  
  
  

c) Injury or damage  
Details

d) Please provide details  
of any contractual  
arrangement between you  
and the 3<sup>rd</sup> party, if any

### 2. ACCIDENT DETAILS:

a) Exact Location

b) Date

Time

 am/pm

c) Circumstances

### 3. CLAIM DETAILS:

Has the 3<sup>rd</sup> party notified  
you that a claim will be

made and, if so, was  
the notification verbal  
or in writing (please  
include any specific details)

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**4. WITNESSES**

**a) Employee:**

**b) Name & Address**


**c) Other:**

**d) Name & Address**


**e) Other:**

**f) Name & Address**


**N.B. When available, please attach the following documents:-**

<u>Document</u>	<u>Enclosed?</u>
Accident Report Form	<input type="checkbox"/>
Letter from Solicitor	<input type="checkbox"/>
Formal notification of claim	<input type="checkbox"/>
Safety officer's report	<input type="checkbox"/>
Witness Statement(s)	<input type="checkbox"/>
Other	<input type="checkbox"/>

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**Please Print Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_