

# AonProtect Academia Report Form for Public Liability Claim

This file is a fillable electronic pdf form. Please complete all questions – if any question is not applicable please state “N/A”.

For the use of the company’s insurers and its legal advisor. N.B. Any communication you receive from any party concerning the accident must be sent immediately to the Aon Underwriting Managers address shown below.

## Insured Details

Name of Group Policyholder	<input type="text"/>
Name of School	<input type="text"/>
Policy Number	<input type="text"/>
Relationship to Policyholder	Teaching/Support Staff <input type="radio"/> Student <input type="radio"/> Volunteer <input type="radio"/> Other <input type="radio"/>
If Other – Please provide details	<input type="text"/>
For security purposes please provide a password which will be required to access your claims information	<input type="text"/>

## Full Name and Address of Claimant

Full Name	<input type="text"/>
Address	<input type="text"/>
Full Name	<input type="text"/>
Address	<input type="text"/>

## Accident

Location of where the accident occurred	<input type="text"/>
Date and time of accident	Date <input type="text" value="dd"/> <input type="text" value="dd"/> / <input type="text" value="mm"/> <input type="text" value="mm"/> / <input type="text" value="yyyy"/> <input type="text" value="yyyy"/> Time <input type="text"/>
Upon what date did you receive notification of accident, and from whom?	
<input type="text"/>	

## Public Liability

Give full particulars of accident and state exactly how it occurred

Name and address of witness to accident, and by whom employed.

If Statement taken, please attach.

Has the accident been reported to the police? Yes ☐ No ☐

If so, at what station?

What work were you undertaking?

Was the work carried out under contract? Yes ☐ No ☐

N.B. A copy of relevant contract may be required by insurers as part of their investigations

Do you accept responsibility for the accident? Yes ☐ No ☐

If not, whom do you consider responsible and why?

### Claimant Information

Has any claim been made to you to date Yes ☐ No ☐

If so, please state when and whether verbally or in writing

Please set out in detail the injury and/or damage sustained

### Data Protection

In order to administer your claim, this information will be used by Chubb European Group Limited and Aon UK Limited. It may be held on computer and/or in manual files for administration and risk assessment purposes. We may disclose your personal data and sensitive data to reinsurers, the policyholder and the AuMine claims database, and may request information from other insurance companies for underwriting, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your sensitive personal data for the above purposes. You also consent to our transferring your information to countries (which do not provide the same level of data protection as the UK) if necessary for the above purposes. If we do make such a transfer we will, if appropriate, put a contract in place to ensure your information is protected.

Where you have provided information about another person, you confirm they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer of their information abroad and to receive on their behalf any data protection notices.

### Conflicts of Interest

**Please note:** Aon Underwriting Managers (AUM) are authorised by the Insurer to handle claims under the AonProtect scheme and will do so under the terms and conditions of the policy. Aon Underwriting Managers are therefore acting for the insurer. Any objection to this arrangement should be raised when first reporting the claim.

### Declaration

By signing/inputting my name below and submitting this form I consent to the above data protection disclosure and I declare that all information given is to the best of my knowledge and belief, full, true, accurate and correct. **Please print and sign.**

Print Name

Signed

Date

 /  / 

### Documents Required

Original travel documents (*these can be returned to you where necessary*)

Enclosed

☐

To follow

☐

Itinerary

Enclosed

☐

To follow

☐

### Please Ensure

- 1 You have completed ALL relevant questions on the claim form.
- 2 You have enclosed all requested information/documentation.
- 3 You have signed this claim form.

Failure to do so will result in a delay in handling your claim.

*Thank you for completing this form.*

### IMPORTANT

Please print and sign this form and return to:

**Aon Underwriting Managers | Claims**  
**Grosvenor House**  
**65–71 London Rd**  
**Redhill**  
**Surrey**  
**RH1 1LQ**

**t +44 (0)1737 783 740 | f +44 (0)1737 783 741**

Or scan and email to: **aum.claims@aon.co.uk**