

# EFFICACY and CONTRACTUAL LIABILITY

## CLAIM FORM

# **EFFICACY AND CONTRACTUAL LIABILITY CLAIM FORM**

FOR EACH CLAIM, PLEASE SUBMIT THE FOLLOWING:

1. Report(s) from the Guard(s)
2. Report from the Management
3. Copies of the Log Sheets, Computer Printouts, Clocking Tapes
4. Copies of Assignment Instructions
5. Copy of the Contract issued by your Company to the Customer

## **REPORTS FROM THE MANAGEMENT SHOULD INCORPORATE THE FOLLOWING POINTS**

1. When was the matter reported to you by the Guard/Control office?
2. Date and time of the loss?
3. Who discovered the loss?
4. When did you visit the premises after the loss?
5. Did you interview the Guards? What were your findings?
6. Did you see the customer? What was said at the meeting?
7. Where was the Guard at the time of the alleged loss?
8. Is the site large, poorly lit or vulnerable?
9. Has the Guard carried out all the patrols in accordance with the Assignment Instructions?
10. Were all the patrols properly logged?
11. If the Guard did not prevent the Loss/Damage could he have done so taking into consideration all of the relevant points?
12. Do you feel that the type and extent of Loss being claimed by the customer is feasible?
13. Full circumstances of the incident.
14. Has the matter been reported to the police?
15. Have the Police contacted you or the Guard to discuss the Loss in detail?
16. Draw a sketch of the site and where the Guard was at the time of the incident.
17. Photograph the site if possible.
18. Do not admit liability to the customer. Please say that your Insurers will deal with the matter.

## **REPORT BY THE SECURITY OFFICER TO BE COMPLETED AS SOON AS POSSIBLE AFTER THE INCIDENT**

Name of Security Company

Security Officer making the report

Time/Date of Incident

Customer (Site)

Time/Date of report

Exact location of Incident and Identification of the Premises

Where were you exactly at the time of the incident?

Did you carry out to all the required patrols?

Have these been logged?

How have these been logged?

Did you discover the Loss?

If so, When

If the loss was reported to you by someone else, please state by whom and when

Is the site large, poorly lit or vulnerable? If so, which?

Could you have prevented the Loss/Damage?

Nature of Incident (If necessary, please continue on another page and attach it to this report)

Persons apprehended, stopped or spoken to (please provide details of such persons):

Registration Number and Make of Vehicles involved:

Police Informed

Date

Time

Police attended

Date

Time

Officers Number and Station:

Your Company staff informed (controller)

Date

Time

(Management)

Date

Time

Who from the customer premises was informed?

Date

Time

Details of property damaged/stolen:

Who are the owners of the property damaged/stolen?

SIGNED

DATE & TIME

*Please note the company does not admit liability by issue of this form*

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