

## **Claim Form - Employers Liability**

IMPORTANT: All correspondence received should be forwarded unanswered. Ensure not to make any admission of liability or any promise of payment.

	SECTION 1	- POLICY	HOLDER		
Policyholder Name:					
Policy Number:					
Address:					
Postcode:					
Annual turnover:					
Non-clerical wage roll:					
Can the policyholder recover VAT:	Tick one:	Yes	No	Partially	
If yes/partially, please advise the percentage recoverable:					
SECT	ION 2 – POLICY	HOLDER (	CONTACT	DETAILS	
	erson must be a				
Name:					
Position:					
Contact telephone number:					
Alternative contact number:					
Contact email:					
	SECTION 3	- INCIDENT	DETAILS		
Date:		Time:			
Location:		-			
Who was the incident reported to?					
What happened: Please describe in detail how the accident occurred.					

	SECTION 3 - IN	CIDENT DE	TAILS - CO	DNT
Who was responsible for the incident and why:				
What precautions were taken to prevent the incident?				
Has HM Factory Inspector / Health and Safety Executive / Local Authority investigated since the incident?	Tick one:	Yes	No	
If yes, please provide any relevant details including their reference number (if applicable):				
Has there been a warning of prosecution?	Tick one:	Yes	No	
	SECTION 4 -	- EMPLOYE	E DETAILS	3
Name:				
Occupation:				
Date of birth:				
National Insurance Number:				
Address:				
Postcode:				
Contact Telephone/Email:				
Period of employment:				
Is the employee in your direct employ?	Tick one:	Yes	No	
If no, please provide the name and address of the employer:				
Has any claim been made on behalf of the third party / claimant either verbally or in	Tick one:	Yes - In wri		Intimated Only
writing? Please provide any correspondence from the third party/claimant or their representatives along with any of your replies		Yes - Verba	ılly	No

	SECT	ION 5 – IN	JURY	
What injuries were sustained?				
Name of doctor/hospital by whom treatment was given:				
Was the employee admitted to hospital?	Tick one:	Yes	No	
Dates of absence from work	Date absence commenced:			Date returned to work:
If still absent, please confirm the date the sick note expires/ expected date of return:				
Is an accident report available? If yes, please enclose	Tick one:	Yes	No	
Is a RIDDOR report required? If yes, please enclose	Tick one:	Yes	No	
(Please comple	SECTION 6 te this section			/ es plant/machinery)
Make and model:				
Registration/Serial number:				
Year of manufacture:				
Date of purchase:				
Was the plant/machinery hired by you? If hire is involved, please provide a copy of hire terms and conditions	Tick one:	Yes	No	
Owner name and address:				
Are inspection/maintenance records available?				
	SECTION 7	- WITNES	S DETAILS	3
Name:				
Address:				
Postcode:				
Contact Telephone:				
Contact email:				
Is the witness an employee:	Tick one:	Yes	No	

ADDITIONAL WITNESS DETAILS					
Name:					
Address:					
Postcode:					
Contact Telephone:					
Contact email:					
Is the witness an employee:	Tick one:	Yes	No		
	ADDITIONA	AL WITNES	S DETAILS		
Name:					
Address:					
Postcode:					
Contact Telephone:					
Contact email:					
Is the witness an employee:	Tick one:	Yes	No		
	ADDIT	IONAL DE	TAILS		

## **CLAIMS AND UNDERWRITING EXCHANGE**

Position in company:

Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims and Underwriting Exchange register, operated by Insurance Database Services Limited. A list of participants is available on request from your insurer. The information you have supplied on your application form relating to the claim, will be provided to participants.

## **DECLARATION**

- I/we declare that all answers are true and complete to the best of my/our knowledge and belief.
- I/we understand that if any claim in any respect is fraudulent including inflation or exaggeration of the claim, this could result in any benefit under the policy being forfeited and may invalidate policy cover.
- · I/we understand that insurers may seek information from other insurers to check answers that I/we have provided.

Please tick to confirm that you have read and accepted the above

Signature:

Date: