

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

SECTION 1 - POLICYHOLDER

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:	

SECTION 2 – POLICYHOLDER CONTACT DETAILS (This person must be available to discuss the incident)

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 - INCIDENT DETAILS - CONT

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 – EMPLOYEE DETAILS

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 writing? Please provide any correspondence from the third party/claimant or their representatives along with any of your replies	Tick one:	Yes - In writing Yes - Verbally Yes - Both	Intimated Only No

SECTION 5 – INJURY

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

SECTION 6 - PLANT MACHINERY
(Please complete this section if the incident involves 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 – WITNESS DETAILS

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

ADDITIONAL WITNESS DETAILS	
Name:	
Address:	
Postcode:	
Contact Telephone:	
Contact email:	
Is the witness an employee:	Tick one: Yes No

ADDITIONAL DETAILS
<p>Additional Details: Please note below or attach any further details you can share. If any of the information below is available, please also include the same:</p> <ul style="list-style-type: none">• Any process documents relating to the activity in question.• Images of injury/damage (where available).• Risk assessments relating to the task/activity.• Details including accident book records of any similar historical accidents.• CCTV footage (where available).

CLAIMS AND UNDERWRITING EXCHANGE

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:

Position in company:

Date:

REMINDER: PLEASE REMEMBER TO SAVE YOUR COMPLETED FORM TO YOUR DEVICE. YOU'LL NEED TO UPLOAD THE SAVED FILE ON THE NEXT STEP.