

EMPLOYERS LIABILITY CLAIM FORM

The issue of this form is not an admission of liability

Please complete fully in BLOCK CAPITALS.
If insufficient space append separate sheets of paper

Policy No. Broker

1. Name

2. Address

State name and telephone no. of person to contact for further enquiries

INSURED

3. Business (if more than one state all)

4. Are you registered for VAT? YES NO

If YES is VAT recoverable from the Tax Authorities? YES NO

If YES how much is recoverable?

5. Are there any other insurances covering this incident? YES NO

If YES give details

6. Date? Time?

7. Place?

8. Nature of work being carried out at the time of the occurrence?

9. State fully what happened to CAUSE the injury or disease

CIRCUMSTANCES

10. When was the occurrence first reported to you?

By whom?

11. What plant or equipment, if any, caused the occurrence? (See note (iii) over)

12. Have you completed any Statutory Forms in connection with the occurrence, such as the F2058 and the B176? YES NO

13. Names, address of telephone numbers of witnesses

**INJURED
PERSON**

14. Name

15. Address
 Post Code

16. Occupation

17. Date of Birth 18. Marital Status

19. Length of Service 20. Works/Clock/Payroll No.

21. Department 22. N.I. Number

23. State nature and extent of injury or disease

24. Has he/she returned to work? YES NO
If yes, state date of return

25. Is he/she in your direct employment? YES NO
If NO, give name and address of employer

26. Average net weekly / monthly earnings p.w / p.m

27. Average number of hours worked per week hours

28. Did he/she have any physical defects or relevant medical history before the occurrence? YES NO
If YES, give details

29. What exactly was he/she doing at the time of the occurrence?

30. Was this in the course of his/her employment YES NO

31. Was the injured person taken to hospital YES NO
If YES, give details

IMPORTANT NOTES

- (i) Any communication or document received in connection with the occurrence must be forwarded to the Company unanswered and without delay.
- (ii) In accordance with the General Policy Conditions no offer of payment or admission of liability must be made by you or any other person offered indemnity under the Policy.
- (iii) Any plant, machinery or equipment involved in the occurrence must be kept in a safe place. Any broken parts must not be disposed of and no adjustment should be made to any relevant plant, machinery or equipment without the Company's consent.
- (iv) Insurance companies maintain a number of anti-fraud and theft registers to help us check information and prevent fraudulent claims. We may search these registers as part of our investigation and we will also be passing information relating to this incident to the appropriate register(s) for the future reference of other parties.

We declare that all particulars given on this form are true and correct

DECLARATION Name _____ Signature of Insured _____
Date _____ Status of Signatory _____