



## EMPLOYER'S LIABILITY

Please answer all questions on this page as fully as possible and relevant sections on other pages.  
Please complete in **BLOCK CAPITALS** throughout and tick boxes where appropriate

### DETAILS OF THE INSURED

Name (in full)

Address (in full)

Post Code

Contact telephone numbers:

Mobile:

Business Description:

Insurer:

Policy No:

### EMPLOYEE

Full Name:

Date of Birth:

Address (in full)

Post Code:

Usual Occupation:



Is he or she in your direct employ YES/NO (delete as appropriate)

If NO state the name and address of Sub-Contractor

Date Employment Commenced

National Insurance Number:

### **ACCIDENT**

Date: Time: am/pm

Place:

To Whom Reported:

When Reported: Date: Time: am/pm

On what work was the employee engaged  
at time of the accident?

Was the injured person performing a duty for  
which he/she was employed YES/NO (delete as appropriate)

Was the accident due to any breakdown  
or defect in ways, works, machinery or plant? YES/NO (delete as appropriate)

Who was in charge at the time of the accident?

In what capacity?



Describe fully how the accident occurred

If thought necessary, a rough sketch or diagram overleaf would be helpful.

### **INJURIES**

Nature and extent

Date employee ceased work:

Date employee returned to work:

Estimated period of incapacity

If taken to hospital, state name and address thereof and whether admitted

Was the matter reported to the HSE?

### **WITNESSES**

Give full names and addresses of all witnesses



## Notice

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Service Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

## Data Protection Notification

We may use personal and business details you give us, or which are supplied by third parties, to consider your claim, to search the files of credit reference agencies who may keep a record of the search to carry out such financial and other enquiries as we consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EU. They will at all times be held securely and handled with the utmost care in accordance with all principles of UK law. We will store such personal details on computer but will not keep them for longer than necessary. Under the terms of the Data Protection Act 1998, individuals are entitled to a copy of all the information we hold about them.

## VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true and correct to the best of your knowledge and belief, and that all material facts have been disclosed.

A material fact is one that is likely to influence us in the assessment or acceptance of this claim, on one that is likely to influence our consideration of cover under the terms of your policy.

If you are in any doubt as to whether a fact is material **you must disclose it.**

**FAILURE TO DO THIS MAY MEAN THAT YOUR POLICY BECOMES INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.**

I/We declare that the foregoing particulars to be correct according to my information and belief. I/We understand that you may seek information from other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advice in relation thereto.

Name (Print)	Position:
Signature:	Date:

**NOTE:** This form is issued to enable underwriters to deal with any claim which might arise, and it is therefore essential that the questions asked be fully and accurately answered.



## EARNINGS

Give full details below of earnings of the injured person during the 3 months prior to the date of the accident

NOTE: This information is only required when the injured person is likely to be totally incapacitated for a period in excess of 14 days.

Week Ending	1. Gross Wage	2. Net Wage	3. Subsistence or Lodging allowance (if any)
	£            p	£            p	£            p
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

NOTES: Wages given should not include allowances entered into Column 3

SKETCH (if applicable)