

Employers' liability

Claim form

Policy number

Name of business(es) insured

Correspondence address inc. post code

Name of the director / person handling the claim on your behalf

Contact email address

Contact telephone number

DETAILS OF CLAIMANT

Name & address of employee

Occupation / trade

National insurance no.

Date of birth

Marital status

Relationship to insured (employee, labour only, volunteer)

Name and address of supervisor

Date of employments / engagement

Marital status

For the 52 weeks prior to the accident please state

Gross earnings	Income tax deducted	NHI benefits deducted	Net earnings	No. of weeks worked
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Describe the work you or your employees or sub-contractors were engaged to do

Name and address of the company / person you were working for

Name and address of the main contractor if not your firm

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Date and time of accident	<input type="text"/>
Location of accident	<input type="text"/>
Description of the nature of the injury	<input type="text"/>
Was the injured party taken to hospital	<input type="text"/>
Date ceased work	<input type="text"/>
Date work resumed (if known)	<input type="text"/>

Please explain how the injury, loss or damage occurred

Name and address of the person who caused the accident to occur	<input type="text"/>
If this was not your employee provide the name and address of the person responsible	<input type="text"/>

DETAILS OF WITNESSES

Name of any witness to the loss / damage	<input type="text"/>
Address of any witness to the loss / damage	<input type="text"/>
Contact telephone number of any witness to the loss / damage	<input type="text"/>

Authorities

Was the injury / damage reported to the Police	<input type="text"/>
What is the Police crime reference number	<input type="text"/>
Name of Police office and number	<input type="text"/>
Police station name	<input type="text"/>
Police station address	<input type="text"/>
Name of Health & Safety officer reported to	<input type="text"/>
Name of HM Factory inspectorate (if appropriate)	<input type="text"/>

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Please attach

YES	NO
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- A copy of the accident book entry
- First aiders report
- Supervisor's accident report
- Safety officer's accident report
- RIDDOR report to Health & Safety Executive
- Any other communication with the Health & Safety Executive
- Records /risk assessments / method statements relevant to the contract
- Maintenance records of any plant involved in the incident
- Records of any other accidents occurring at the site / contract site / premises
- Records of any other complaints occurring at the site / contract site / premises

I/ we declare that the statements detailed in this submission are true and accurate to the best of my/our belief

Authorised signature

Name of signature

Position

Date of signature

Please keep a copy of this submission for your own records