

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	
Location of accident	
Description of the nature of the injury	
Was the injured party taken to hospital	
Date ceased work	
Date work resumed (if known)	

Please explain how the injury, loss or damage occurred

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Name and address of the person who caused the accident to occur	
If this was not your employee provide the name and address of the person responsible	

DETAILS OF WITNESSES

Name of any witness to the loss / damage	
Address of any witness to the loss / damage	
Contact telephone number of any witness to the loss / damage	

Authorities

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

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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

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Name of signature

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Position

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Date of signature

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Please keep a copy of this submission for your own records