



# Report of Employer's Liability Claim

If the accident is fatal telephone immediately informing us when and where the inquest is to be held.

This form should be completed as fully as possible and returned immediately to your Broker. Please do not leave any blank spaces, although N/A may be inserted where appropriate. Please enclose a copy of the Accident Register entry, plus the additional requested documents

## EMPLOYER'S DETAILS

Name of Employer \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Address \_\_\_\_\_ Claim No. \_\_\_\_\_  
 \_\_\_\_\_ Tel. No \_\_\_\_\_  
 In connection with what trade or business did you employ the injured person? \_\_\_\_\_

## THE INJURED EMPLOYEE

Name \_\_\_\_\_ Age \_\_\_\_\_  
 Marital Status \_\_\_\_\_ Occupation \_\_\_\_\_  
 Address \_\_\_\_\_  
 Was he/she a servant in your direct employ? Yes  No  If no, give name of injured person's employer.  
 \_\_\_\_\_  
 Please state his/her weekly wages or salary £ \_\_\_\_\_ and weekly value of any allowances such as board £ \_\_\_\_\_

## THE ACCIDENT

Date of accident \_\_\_\_\_ Time \_\_\_\_\_ am/pm Date the injured person ceased work \_\_\_\_\_  
 Date returned to work \_\_\_\_\_ Did it happen on your premises? Yes  No  If "No" please give Address & Tel No  
 Address \_\_\_\_\_ Tel No. \_\_\_\_\_  
 Describe the nature of work in progress \_\_\_\_\_  
 Describe fully how the accident happened and whether any machinery was in use in connection with the work and if alleged to be due to any defect in the machinery plant or equipment. **(Defective plant or machinery should be preserved or retained in position pending our inspection).** Please continue on a separate sheet of paper supplying any sketch plans and photographs where applicable. \_\_\_\_\_  
 \_\_\_\_\_  
 Was he/she at the time doing the work he/she was authorised to do? YES  NO   
 Was he/she sober? YES  NO  In your opinion, was the accident caused by negligence of any of your other employees? YES  NO   
 Whose fault was it and why? \_\_\_\_\_  
 Did the accident arise out of work being carried out under contract? YES  NO   
 Did the Health and Safety Executive investigate the accident? YES  NO   
 (a) If yes, please detail below the outcome and confirm any recommendations made and provide a copy of the report compiled \_\_\_\_\_  
 \_\_\_\_\_  
 (b) Was there any warning of possible intended action/prosecution? YES  NO   
 If yes, please detail below:  
**Also please provide a copy of the accident book entry and a copy of RIDDOR form, F2508 (Report of injury or dangerous occurrence)**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Give names and addresses of all witnesses

Give the date when first reported and to who whom

Date \_\_\_\_\_ Name \_\_\_\_\_

THE INJURY

Nature and extent of injury \_\_\_\_\_

Has any claim been made upon you? YES  NO

If yes, please state whether verbal or in writing \_\_\_\_\_

PRE-ACCIDENT WAGE DETAILS

EMPLOYEE \_\_\_\_\_ N.I. NO \_\_\_\_\_

PLEASE COMPLETE AND FILL IN THE TOTALS TAX REPAYMENTS TO BE SHOWN IN RED

Week Ending	Gross Earnings		Income Tax		Employees N.H.I. Contributions		Net Earnings	
	£	p	£	p	Inc Grad £	Pens p	£	p

Please also complete the following

Pre-Accident Basic Rate \_\_\_\_\_

Post Accident Changes in Basic Rate \_\_\_\_\_

Average Weekly Net Wage \_\_\_\_\_

Signature \_\_\_\_\_

Employer \_\_\_\_\_

AWB CLAIMS

How long has the employee worked for you? \_\_\_\_\_

Is the employee full or part-time? \_\_\_\_\_

Please state the number of days per week and average number of hours per day the employee works

Can you recover Statutory Sick Pay? Yes  No

If 'yes' please state amount \_\_\_\_\_

Please send medical certificates for the period the employee is absent from work

I/We hereby declare the foregoing particulars to be correct in all respects

Signature \_\_\_\_\_ Date \_\_\_\_\_