

Employers Liability Claim Form

This form should be completed as fully as possible in BLOCK CAPITALS and returned immediately to your Broker with supporting documents.

Insurance Broker Details

Name & Address

Postcode

Tel no.

Contact name

Email

Employer's Details

Policy No.

Policyholder Name

Address

Postcode

Tel no.

Mobile

Third Party Details

Name of Third Party

Tel no.

Address

Email

Occupation

Details of accident/loss

Date and time of loss or damage

Where did it occur?

(address and nature of premises)

What do you believe caused this incident and who do you believe is the responsible party?

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Please give a full description of the accident/incident (Continue on a separate sheet, if necessary)

Injury/damage

What is the nature of the injury or damage?

Was the employee authorised by you to be carrying out the task undertaken at the point of injury/damage?	Yes	No
Had the employee been trained and directed appropriately for the task being undertaken?	Yes	No
Do you believe there was fault on the part of the employee for this incident?	Yes	No
Did the Health & Safety Executive investigate this incident?	Yes	No

Please provide any independent witness details

Name	Name
Address	Address
Tel no.	Tel no.
Email	Email

Guidance Notes: Where relevant:

- 1) If any allegation of defective machinery or equipment is being made, please ensure all relevant evidence is retained and preserved.
- 2) Please attach any documents submitted in support of value for damaged items.
- 3) Provide a copy of the accident book entry and a copy of the RIDDOR form (Report of Injury or Dangerous Occurrence).
- 4) Please do not respond to allegations or correspondence in connection with this incident. Forward details of the same to us immediately and unanswered.

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Value Added Tax (Legal/Professional Representation)

Are you VAT registered?	Yes	No
Can you recover 100% VAT for this claim?	Yes	No
If not, what percentage can you recover?		%

Please read these notes carefully and complete the questions as appropriate

- It may be necessary, to protect your interests, for us to instruct solicitors or other professional people, on your behalf. Where we consider such services necessary we will pay the cost. The services provided attract Value Added Tax.
- These services are treated as being supplied to a policyholder and not to their insurers. If you are registered for V.A.T. purposes you will be able to recover V.A.T. or a proportion of it.
- If you tell us that you can recover V.A.T. we shall ask the solicitors or other professional person instructed, to send their tax invoice to you when their costs are due. The V.A.T. element should be paid by you and recovered from H.M. Customs and Excise in the usual way.
- We shall pay the balance of the account including any proportion of V.A.T. which you cannot recover.

If you are registered for V.A.T, please tick the box, indicating that you authorise us to instruct solicitors or other professional people, on your behalf (The V.A.T. content of the account is payable by you to the extent that you can recover the tax.)

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services 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.

DECLARATION

I/We understand that in handling this claim, BIBU (a trading name of Geo Underwriting Services Ltd) will act on behalf of the Insurer(s) and that **I/We** confirm our informed consent to the claim being handled on this basis. **I/We** understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. **I/We** confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source.

You must read the declaration before signing.

Signed

Date

If you are not the insured person, please state your relationship to them