

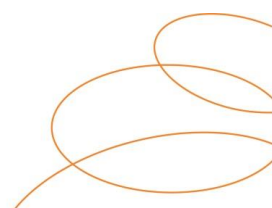
Employers Liability Claim Form

Policyholder	
Name	Policy No.
Address	
Postcode	Tel No
Business	
VAT Registered?	VAT Number

Employee Details		
Name of Employee	Occupation	Age
Address		
Is he/she in your direct employ?	National Insurance No	
How long in your employ?	Average net weekly wage	

Details of Accident		
Date	Time	Place
Describe what the employee was doing and how the accident happened		

Nature and extent of injury/disability



Has the accident been reported to the Health and Safety Executive?

Have they carried out an investigation?

Has the Employee resumed work?

If so when?

If not, what is the expected duration of the incapacity?

To whom and when did the Employee report the accident?

Witnesses

Give name and addresses

Employer's signature

Date

Name

Insurers and their agents share information with each other to prevent fraudulent claims and for underwriting purposes via the Claims and Underwriting Exchange register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.

