



## EMPLOYERS' LIABILITY CLAIM FORM

### 1: Policyholder Details

Policy Number

Policyholder

Contact

Phone Number

Address

Post Code


### 2: Employee Details

Name of employee

Occupation

Address

National Insurance No.

Date of Birth


### 3: Circumstances of the Claim

Date and Time of Accident

Exact Location of Accident

When was the accident first reported to you or your representative?

Describe nature of work being performed at the time of the accident


Description of the accident

If the accident involves machinery:

Has H.M Factory Inspector examined the machinery/premises since the accident? (If so, date of examination?)


**a) Was the accident caused by negligence?**

**i) Name and address of negligent person**

**ii) Name and address of negligent employers**

**iii) Details of the negligence**

**b) Name and position of person in authority over injured employee**

Name	
Position	

**c) Was the injured employee doing the work he/she should have been doing and in the correct way?**

If no, please give full detail:

**d) Names and addresses of witnesses. If employees of yours state their position(s)**

Name	
Position	

Name	
Position	

e) Nature of the injuries (please give as much detail as possible)

f) If removed to hospital or otherwise medically examined state name and address of hospital or doctor

### 3: Employment Details

State date (dd/mm/yyyy) on which employee:

Left off work

Returned to any part of former work

If not yet returned, date expected to resume

Have you received notice of claim?


If yes, from whom, when and in what form (if claim in writing please forward with this form)

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- a) Was he/she in your employ and pay?
- b) If he/she is in your direct employ, were instructions/supervision given by your employees?
- c) If he/she is employed by or receives instructions/supervision from a contractor to you or persons/company to whom you are contracted, state their name/address:

d) The following documents are requested:

Tick appropriate box

	Enclosed	Available	Not held
1. Accident book entry			
2. First Aider's Report			
3. Foreman/Supervisor's report			
4. Safety representatives accident report			
5. Riddor report to HSE			
6. Other communications between defendants/HSE			
7. Minutes of Health & Safety committee/meetings where accident/matter considered			

8. Report to DSS			
9. Documents relative to any previous accident/matter identified by the Claimant and relied upon as proof of negligence.			

**e) Date of commencement of employment?**  
(dd/mm/yyyy)

**f) For the 52 weeks prior to the accident please state:**

Gross Earnings	Income tax deducted
£	£

N.H.I benefits deducted	Net Earnings
£	£

Please indicate total number of weeks (if not 52 weeks)

**g) State total periods of absence in 52 weeks prior to accident divided into causes:**

Cause

Period	Paid/Unpaid?
	£

Cause

Period	Paid/Unpaid?
	£

**h) If employment was of casual nature, state:**

How was he/she being paid

What was the weekly average

Details of any deductions

Payments from any other employers

**4. OTHER INFORMATION (if applicable)**

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Full Name	
Date	
Signature of Insured	