



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)

