



Guidance Notes – Employer’s Liability Claim Form

SECTION 1 - INSURED DETAILS

Please give your full details including your policy number to help us to locate the policy without unnecessary delays. Please also make sure that the contact numbers you give are for office hours – you’d be surprised how many people give us their home number when they’re at work all day! Any delays in contacting you will delay the claim unnecessarily.

SECTION 2 – EMPLOYEE DETAILS

Please provide us with all the requested information. Any information not provided will mean that we will have to request this information from you which may cause further un-necessary delay.

SECTION 3 – THE ACCIDENT

You must provide us with complete details including the exact date and time the incident occurred (To the best of your knowledge). This is extremely important for all types of claims and enables us to investigate your claim fully. Please make sure that you provide us with a Full Description of Accident Circumstances, and please make sure that you answer all questions in full. Any information not provided will mean that we will have to request this information from you which may cause further un-necessary delay.

SECTION 4 – WITNESS DETAILS

If there were any witnesses to this incident please make sure that you provide us with as much information as possible, these witnesses may be of importance to your case.

SECTION 5 - DECLARATION

Please read this section carefully before signing. You are signing to confirm that everything you have submitted to substantiate the claim (including the actual claim form) are true and correct to the best of your knowledge.

SECTION 6 – STATEMENT OF WAGES

Please provide us with all requested information. Any information not provided will mean that we will have to request this information from you which may cause further un-necessary delay.



EMPLOYER'S LIABILITY CLAIM FORM

SECTION 1

INSURED DETAILS

Name of Insured:

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Policy Number:

.....

Risk Address:

.....

.....

.....

Contact Name:

.....

Contact Number(s):

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SECTION 2

EMPLOYEE DETAILS

Name:

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Address:

.....

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.....

Date of Birth (dd/mm/yyyy):

.....

Position Held:

.....

National Insurance no:

.....

Period of employment:

From / / To / / (dd/mm/yyyy)

Did you employ them directly? Yes No

If No, please give the full name and address of their Employer/Agency:

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.....

.....

Their NET weekly wage: £

(Please complete the attached Statement of Wages on Page 4)

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SECTION 3

THE ACCIDENT

Date of accident:

Time of accident:

 am pm

Address where accident occurred:

Accident Circumstances:

Who, in your opinion, is responsible for the accident and why?

Please give FULL DETAILS of the injury:

Has any notice of any claim by a Third Party (eg Solicitors) been given in writing?
(If YES, please attach a copy of the notice, along with a copy of the Accident Book entry)

Yes No

Did the Health & Safety Executive investigate the incident?
(Please attach a copy of their report)

Yes No

If you're not attaching a copy of the HSE report, please state reasons why:

SECTION 4

WITNESS DETAILS

Please confirm the names and addresses of any witnesses to the accident:
(continue on separate sheet if necessary)

Witness One:

Witness Two:

Witness Three:

SECTION 5

NOTES & DECLARATION

Notes:

The law dictates that you report certain incidents to your Local Authority and/or HSE Office. Full details and a further explanation of the types of incidents that have to be declared can be found on the HSE website by clicking this link <http://www.hse.gov.uk/riddor/facts.htm>

If the accident was fatal, please contact us on 01489 572121 immediately stating when and where the inquest is to be held.

Declaration:

I/We confirm that this claim form has been completed to the best of my/our knowledge and represents a true statement of the facts.

I/We agree that the underwriters may carry out whatever investigations are considered to be necessary.

I/We confirm that this claim form remains the property of the underwriters and the information given by me/us shall be confidential and for the use of the underwriters and/or their appointed representatives.

Signed: _____

Capacity: _____

Date: _____

Please fax or post the completed form with all supporting documentation to:

Claims Department, John Beard & Son Ltd, William Beard House, 44 Botley Road, Park Gate,
Southampton, Hampshire, SO31 1BB

Fax: 01489 56261
