

# EMPLOYERS' & PUBLIC LIABILITY CLAIM FORM

## Particulars of Insured: -

- a) Name or Title \_\_\_\_\_
- b) Address \_\_\_\_\_
- c) Business or Profession \_\_\_\_\_
- d) Telephone Number \_\_\_\_\_

## Particulars of Incident: -

- a) Date \_\_\_\_\_ b) Time \_\_\_\_\_
- c) Exact place where incident occurred \_\_\_\_\_
- d) When and by whom was incident reported to you? \_\_\_\_\_

## Damage to Property

- a) State name & address of each owner of damaged property and give full details of the damage : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- b) Was third party known to Insured before the incidents? Yes/No
- c) If so, relationship \_\_\_\_\_

## Personal Injury: -

- a) State name, occupation and employers name in respect of each person injured and give full details of the injuries :-  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Complete only if Injured person is an employee of Insured: -

- a) How long have you employed him/her? \_\_\_\_\_
- b) Approx. weekly wage, inclusive of overtime and bonus, exclusive of income tax  
£ \_\_\_\_\_
- c) Age \_\_\_\_\_ Married or Single \_\_\_\_\_
- e) Number of Children of school age \_\_\_\_\_

- f) If the injured person has been absent from work as a result of the incident :-  
 I. When did absence commence? \_\_\_\_\_  
 II. Date of return, or expected date of return if still absent \_\_\_\_\_
- g) If the injured person has returned to work is he/she performing full pre-accident work? \_\_\_\_\_
- h) What was the injured person doing at the time? \_\_\_\_\_
- i) What training has the person been given to perform the task? \_\_\_\_\_
- j) Who was the injured person's immediate superior? \_\_\_\_\_
- k) State the nature of supervision exercised. \_\_\_\_\_
- l) If machinery was involved, please state type and motive power. \_\_\_\_\_
- m) Was the incident due to lack or non-use of guarding \_\_\_\_\_
- n) Was the incident due to any defect in the premises or plant? \_\_\_\_\_
- o) Was an entry made in the accident book? Yes/ No (If yes please provide a copy of this)
- p) Was the incident reported to the HSE? Yes/No (If yes please attach a copy of this)

**Details of claim**

- a) Give details of any claim made upon you \_\_\_\_\_  
 \_\_\_\_\_  
 (Any correspondence should be attached hereto)
- b) Please describe the circumstances of the accident in detail, and if possible include a sketch plan.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please give names and addresses of ALL witnesses to the accident \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I/We hereby declare that to the best of my/our knowledge and belief the foregoing statements are true and complete.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**NOTE: THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.**