Please ensure the claim form is completed in full to prevent delays in settlement of your claim

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| **Policyholder details** |
| Name of insured:       |
| Daytime contact number:       |
| Address of insured:       |
| Business or occupation:       |
| Policy no:       |
| Do you have any other insurance, which may cover the claim: If ‘Yes’ please give details:       |
| **Details of employee(s)** |
| Name:        | Date of birth: Click here to enter a date. |
| Address:       |
| Telephone number:       |
| Occupation/Department:       |
| Date employment commenced:Click here to enter a date. | National ins. no:       |
| Was the employee actually in the course of his/her employment:  If ‘No’ please give details:       |
| Did he/she have any physical defect or relevant medical history before the accident: If ‘Yes’ please give details:       |
| Is the employee either a direct employee or a labour only sub-contractor: If ‘No’ please give details:       |

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| **Incident details** |
| Date and time of incident:       |
| Where did the incident take place:       |
| What was the nature of work being performed:       |
| Length of experience in carrying out the type of work:       |
| If accident was connected with machinery:Was it properly guarded:  Was guard in use:  |
| Has HM Factory Inspectorate/Health & Safety Executive/Local Authority investigated since the incident:      |
| Has there been a warning of prosecution:  |
| Has there been any breach of the Factories Acts, the Health and Safety at Work Act or any other regulations: If ‘Yes’ please give details, state the name and position of person in authority of injured employee:      |
| Has accident been reported to RIDDOR:  |
| Has accident been entered in your record book:  |
| **Injury/Disease details** |
| Nature of injury or disease:       |
| Cause of injury or disease:       |
| Date reported to you: Click here to enter a date. |
| If disease, state alleged period of exposure:       |

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| If employee was medically examined or removed to hospital please give details:       |
| When did employee: A) Leave work Click here to enter a date. B) Return to work Click here to enter a date.If not yet returned when is he/she expected to return: Click here to enter a date. |
| If accident resulted in death, please give date of death: Click here to enter a date. |
| **Witness details** (if applicable) |
| **Names** | **Address** | **Tel. no** |
|       |       |       |
|       |       |       |
|       |       |       |
| **Description of incident/machinery** |
| Please state how the accident happened:      |
| **Wages statement** |
| Statement of weekly wages/salary of injured employee(s) for the 13 weeks prior to accident week commencing Click here to enter a date. to week ending Click here to enter a date. |
| **Week ending** | **Gross pay** | **Income tax** | **NI contribution** | **Net pay after tax and NI** |
|       |       |       |       |       |
|       |       |       |       |       |
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| **Total** |       |       |       |       |
| **Net weekly wage** |       |       |       |       |
| **Payments made during period of absence** | **Gross** | **Net** |
| **Wages** |       |       |
| **Statutory sick pay** **weeks** **days** |       |       |
| **Tax refunds** |       |       |
| **Holiday pay** |       |       |
| **Employers own sickness scheme (if any)** |       |       |
| **Totals** |       |       |
| **Declaration** |
| I/We declare that the foregoing statement is a true account to the best of my/our knowledge and belief. |
| Insert name:        | Date: Click here to enter a date. |
| Position in company:       |
| Please be aware that insurers may require you to provide the following documentation if a claim is pursued against you or they investigate as part of building a defence on your behalf. * Accident report book entry
* Method statements &/or Risk assessments (relevant to the circumstance of the loss)
* Evidence of training
* Witness statements
* RIDDOR Report (if relevant)
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