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** | |
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| **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) | | | | | | | |