

Please complete this form clearly and in BLOCK CAPITALS. Please use a separate sheet of paper if there is insufficient space on this form



Liability Incident Report Form

A: Policyholder

Name:	Policy Number:
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Address:	Tel No:
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Contact Name:	Tel No:	E-Mail:
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Business:

Are our registered for VAT? Yes NO

If "YES", state rating (full, partial, exempt) % if partial
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B: Incident

Date and Time:

Place:

Circumstances – What happened and what was the cause?

Please carefully preserve any broken parts of machinery, plant, equipment, tool or other relevant item involved in the incident

Witnesses

Name and Address:	Where was the witness at the time of the incident?	Relationship to the injured party / property owner

To whom was the incident first reported and when?



C: Employee Details

Name / Address:

Date of Birth:

National Insurance Number:

Full or Part Time:

Nature of Employee's job:

How long has the Employee been with the company?

How long has the Employee held this position?

Has the Employee been absent from work as the result of the incident? Yes NO

If "YES", give dates of absence
From _____ To _____

*** See Separate Return of Wages Absence and Sickness Form for more detailed information**

Please provide details of any bonus scheme applicable

If after the result of the accident lighter duties are now undertaken or offered, please provide details

Have you completed H.S.E. Form "Report of Injury or Dangerous Occurrence"? Yes No
If "Yes" please enclose a copy

Have you completed H.S.E. Form "Report of a Case if Disease"? Yes No
If "Yes" please enclose a copy

PLEASE ENCLOSE A COPY OF THE RELEVANT ACCIDENT BOOK ENTRY

Did the Employee receive any first aid or other treatment? Yes No

If "Yes", please give details of what treatment was administered, and by whom

D: Injuries/Damages/Disease

Give whatever details you can about the extent and nature of the injuries/damage/disease

Give whatever details you can about the extent and nature of the injuries/damage/disease

E: Claim

Has any claim been made by, or on behalf of, the Third Party/Employee? If so, give date of claim, by whom and whether written or verbal, together with details of the nature of the damage, loss or injury, (if not stated above.)

ANY LETTER OR DOCUMENT YOU RECEIVE SHOULD BE PASSED TO US IMMEDIATELY AND UNANSWERED

F: DECLARATION

I/We hereby declare that the information given is true to the best of my/our knowledge and belief

Signature:

Print name:

Date:

Position: