



REPORT OF EMPLOYER'S LIABILITY ACCIDENT

(1) BROKER DETAILS

Name	Town and Country Insurance
Address	16 East Street, South Molton, North Devon, EX36 3BU
Telephone No	01769 572557
Fax Number	01769 574806
Email Address	info@insurance-policies.co.uk

(2) POLICY HOLDER DETAILS

Policy Holder	
Policy Number	
Main Contact:	
Address	
Phone Number	
Mobile	
Email	
VAT Registered	

(3) THE INJURED EMPLOYEE

Name of Injured	
Date of Birth	
Marital Status	
Occupation	
Address	
Weekly/Monthly Wage	£
Weekly/Monthly value of any allowances such as board	£
National Insurance Number	

(4) THE ACCIDENT

Date of accident: / /	Time of incident: am <input type="checkbox"/> pm <input type="checkbox"/>
Date the injured person ceased work (if applicable):	
Date the injured person returned (if applicable):	
Did the incident happen on your premises:	yes <input type="checkbox"/> no <input type="checkbox"/>
If no to the above, please give address & Tel no:	
Describe nature of work in progress:	
Describe fully how the accident happened and whether any machinery was in use with the work & if alleged to be due to any defect in the machinery plant or equipment (Defect plant or machinery should be preserved in position pending inspection)	

If machinery was used, did the injured have sufficient training:	yes <input type="checkbox"/> no <input type="checkbox"/>
Was he/she authorized to do the work:	yes <input type="checkbox"/> no <input type="checkbox"/>
Was he/she sober:	yes <input type="checkbox"/> no <input type="checkbox"/>
In your opinion, was the accident caused by negligence of any other employee	yes <input type="checkbox"/> no <input type="checkbox"/>
Who's fault do you think it is & why	
Please give the names & address of all witnesses	
Give the date when reported and to whom: Date / / Name	

(5) THE INJURY

Name & extent of injury:

(6) REPORTS/EVIDENCE

Was an accident form/book filled out:	yes <input type="checkbox"/> no <input type="checkbox"/>
Any written reports at the time of the incident:	yes <input type="checkbox"/> no <input type="checkbox"/>
Were any photos taken of the area/machinery/injured	yes <input type="checkbox"/> no <input type="checkbox"/>
(If yes to any of the above then please send in with this form, along with any other information that you think relevant to this incident)	

(7) DECLARATION

I/We hereby declare the foregoing particulars to be correct in all respects	
Signature of Employer:	
Status:	Date: / /