

# TOWN & COUNTRY

## insurance-policies.co.uk

### 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    pm
Date the injured person ceased work (if applicable):	
Date the injured person returned (if applicable):	
Did the incident happen on your premises:	yes    no
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 ( <b>Defect plant or machinery should be preserved in position pending inspection</b> )	

