Employer's Liability Claim Form

velocity
Claims Management

Policy or Claim Number

SECTION 1 – INSURED'S DETAILS

Policy holder
Address

Postcode

Telephone
Contact name Email
Business/Occupation
VAT registered? ☐ Yes ☐ No

SECTION 2 – INJURED EMPLOYEE

Name of injured person
Address

Postcode

Marital status Age
Occupation How long in service?

SECTION 3 – INJURY DETAILS

Date of accident

Time am/pm

Place

What work was the employee doing?

Was he/she performing his/her ordinary duties? ☐ Yes ☐ No

Was he/she in your direct service ☐ Yes ☐ No

How did the accident occur?

Were there any witnesses? ☐ Yes ☐ No

Please give names and addresses of all witnesses (if necessary continue on a separate sheet of paper)

1	2	3
Postcode	Postcode	Postcode

Name and grade of person in charge of the employee _____

What were the nature of the employee's injuries? _____

When did the employee cease work? _____

Was First Aid given? ☐ Yes ☐ No

Was he/she taken to hospital? ☐ Yes ☐ No
If yes, please give name. _____

Was he/she detained in hospital? ☐ Yes ☐ No
If yes, for how long? _____

Has he/she returned to work? ☐ Yes ☐ No
If yes, when? _____

Did he/she return to his/her pre-accident work? ☐ Yes ☐ No

Who was first informed of the accident and when? _____

Was a report made in the Accident Book? ☐ Yes ☐ No
If yes, please attach a copy.

Average weekly wage of employee during past 12 months (or period of employment if shorter than 12 months)
£ _____

Employee's National Insurance Number ☐☐ ☐☐ ☐☐ ☐☐ ☐

Has an official claim been intimated on behalf of the employee? ☐ Yes ☐ No
If yes, please attach any correspondence received

Any other information considered pertinent _____

SECTION 4 – DECLARATION

I/we declare that the above statements are true and correct to the best of my/our knowledge and belief. I/we have not with held from the insurer any information within my/our knowledge connected with this claim.

I/we agree to provide the insurers with any further information or documentation as may be reasonably required. I/we understand that insurers do not admit liability by the issue of this form.

Signature of policyholder	Position	Date ☐☐ ☐☐ ☐☐☐☐

Please return form to:
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velocity Claims Management