

# Employers Liability Report Form

## POLICYHOLDER

Policy Number	<input type="text"/>		
Full Name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/> Postcode <input type="text"/>		
Contact Name	<input type="text"/>		
Telephone Number	<input type="text"/>	Email Address	<input type="text"/>

## DETAILS OF EMPLOYEE(S) If more than one person, please continue on a separate sheet

Full Name	<input type="text"/>	Postcode	<input type="text"/>
Address	<input type="text"/>		
Occupation/Department	<input type="text"/>	Date employment commenced	<input type="text"/>
Is the employee either a direct employee / labour only / subcontractor	<input type="text"/>		
Was the employee in the course of their employment?	<input type="text"/>		

If No, please give details

Marital Status of Employee	<input type="text"/>	Number of children	<input type="text"/>
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Did the employee have any physical defect or pre-existing medical condition before the incident?

If Yes, please give details

## DETAILS OF ACCIDENT

Date of Incident  Time of Incident

Where did the accident take place?

What was the nature of the work being performed?

State length of experience performing this type of work  years  months

Was the incident connected with machinery?

Has HM Factory Inspector/Health & Safety Executive/Local Authority investigated the incident?

Has there been a warning of prosecution?

**NO ALTERATION TO THE MACHINERY SHOULD BE MADE WITHOUT INSURERS CONSENT**

## WITNESSES

Name	Address	Contact Number

## DESCRIPTION OF ACCIDENT (Please include a sketch if necessary, continue on separate sheet if required.)

## DOCUMENT CHECKLIST (please enclose with claim form, if available)

- RIDDOR Report
- Accident Report Form/Accident Book Entry
- Method Statement
- Risk Assessments
- Training Documents
- Sick Notes
- Photographs of the scene

## WAGES STATEMENT (Please include a sketch if necessary, continue on separate sheet if required.)

Statement of weekly wages/salary of injured employees for the 13 weeks prior to accident

Week ending	Gross Pay	Income Tax	NI contrib.	Net Pay
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
<b>TOTAL</b>				
<b>NET WEEKLY WAGE</b>				

	Payments made during absence	
	Gross	Net
Wages		
SSP		
Employers own sickness scheme (if any)		
Holiday Pay		
<b>TOTALS</b>		

## DECLARATION

I/We declare that these particulars are true to the best of my/your knowledge (in case of joint policy holders, both should sign)

Signature

Date

