

EMPLOYERS' and PUBLIC LIABILITY

CLAIM FORM

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Particulars of Insured: -

- a) Name or Title _____
- b) Address _____
- c) Business or Profession _____
- d) Telephone Number _____

Particulars of Incident: -

- a) Date _____ b) Time _____
- c) Exact place where incident occurred _____
- d) When and by whom was incident reported to you? _____

Damage to Property

- a) State name & address of each owner of damaged property and give full details of the damage : _____

- b) Was third party known to Insured before the incidents? Yes/No
- c) If so, relationship _____

Personal Injury: -

- a) State name, occupation and employers name in respect of each person injured and give full details of the injuries :-

Complete only if Injured person is an employee of Insured: -

- a) How long have you employed him/her? _____
- b) Approx. weekly wage, inclusive of overtime and bonus, exclusive of income tax
£ _____
- c) Age _____ Married or Single _____
- e) Number of Children of school age _____

f) If the injured person has been absent from work as a result of the incident :-
 I. When did absence commence? _____
 II. Date of return, or expected date of return if still absent _____

g) If the injured person has returned to work is he/she performing full pre-accident work? _____

h) What was the injured person doing at the time? _____

i) What training has the person been given to perform the task? _____

j) Who was the injured person's immediate superior? _____

k) State the nature of supervision exercised. _____

l) If machinery was involved, please state type and motive power. _____

m) Was the incident due to lack or non-use of guarding _____

n) Was the incident due to any defect in the premises or plant? _____

o) Was an entry made in the accident book? Yes/ No (If yes please provide a copy of this)
 p) Was the incident reported to the HSE? Yes/No (If yes please attach a copy of this)

Details of claim

a) Give details of any claim made upon you _____

 (Any correspondence should be attached hereto)

b) Please describe the circumstances of the accident in detail, and if possible include a sketch plan.

Please give names and addresses of ALL witnesses to the accident _____

I/We hereby declare that to the best of my/our knowledge and belief the foregoing statements are true and complete.

Date _____ Signature _____

NOTE: THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.

HEAD OFFICE:

Lygon House
50 London Road
Bromley, Kent
BR1 3RA

T 020 8315 5000

F 020 8460 2118

@ claims@camberfordlaw.com

www.camberfordlaw.com

CITY OFFICE:

2 Royal Exchange
London
EC3V 3DG