



Write to: **garagecover** • 17-21 Dicconson Street • Wigan • WN1 1RG
Visit our website: www.garagecover.co.uk • Email us: info@garagecover.co.uk
Call us on: 0845 224 6856

EMPLOYERS LIABILITY CLAIM FORM

Insured

Insured Policy No.

Address

Post Code Type of Business

VAT Registered: YES/NO

Annual Turnover: £ Non-clerical wagheroll: £

Contact

Please provide details of the person we should contact regarding this matter:

Name & Position

Telephone Daytime Telephone Evening

Mobile Telephone

Please note that this person must be available to discuss the incident

Employee

Full Name

Date Of Birth National Insurance No.

Address

Post Code Occupation

Is the employee in your direct employment? YES/NO

Full Time? YES/NO

Period of Employment

If not employed by you give details of employer:

Name and Address of employer

Injury

What injuries did the employee sustain?

Where was the employee treated?



Write to: **garagecover** • 17-21 Dicconson Street • Wigan • WN1 1RG
Visit our website: www.garagecover.co.uk • Email us: info@garagecover.co.uk
Call us on: 0845 224 6856

Was the employee detained in hospital? YES/NO

Date ceased work? Date returned to work

If still absent confirm date sick note expires and/or date due to return

Accident Details

Date and time of accident Place

To whom was the accident reported?

Date and time reported

Was entry made in accident book? YES/NO (If 'yes' attach a copy)

Was the accident reported to the HSE? YES/NO (If 'yes' attach a copy)

Please describe in detail how the accident occurred (Attach plans/sketches/photos)

Who was responsible for the accident and why?

What precautions were taken to prevent such an accident?



Write to: [garagecover](#) • 17-21 Dicconson Street • Wigan • WN1 1RG
Visit our website: www.garagecover.co.uk • Email us: info@garagecover.co.uk
Call us on: 0845 224 6856

Machinery

If machinery was involved please give details:

Make Model

Year of manufacture Date of purchase

Who owns the machinery?

Was it on hire? YES/NO

If 'yes' please attach a copy of the hire agreement

Witness (es)

Name Employee? YES/NO

Address

Telephone Number

Name Employee? YES/NO

Address

Telephone Number

Name Employee? YES/NO

Address

Telephone Number

Earnings Details - PLEASE COMPLETE IN ALL CASES

Please supply details of earnings for 13 weeks leading up to the incident:

Week ending	Gross Pay	Income Tax	Employees National Insurance Contribution	Net Pay
Total:				



Write to: garagecover • 17-21 Dicconson Street • Wigan • WN1 1RG
Visit our website: www.garagecover.co.uk • Email us: info@garagecover.co.uk
Call us on: 0845 224 6856

Please supply details of any payments made since the incident:

Week ending	Gross Pay	Income Tax	Employees National Insurance Contribution	Net Pay

Has any claim been made on behalf of the injured party either verbally or in writing?

YES/NO

Important

All correspondence received should be forwarded immediately, unanswered.

Make no admission of liability or promise of payment.

Declaration

I/We declare that the information given on this form is true to the best of my/our knowledge and belief.

I/We authorise our Insurers and their solicitors to deal with this claim within the terms of my/our policy and admit liability on my/our behalf if appropriate.

Signature

Date