

EMPLOYERS LIABILITY ACCIDENT REPORT FORM
CLIENT NAME AND ADDRESS:
Policy Number:
Contact Person:
Contacts Position:
Employer / Company Name:
Address Line 1:
Line 2:
Town:
County:
Postcode:
Telephone:
e-mail:
CIRCUMSTANCES OF ACCIDENT / DISEASE (Continue overleaf if necessary):
Details of the incident:
Date of Accident:
Time of Accident:
Place of Accident:
Name and Address of Employee:
Employees Date of Birth:
National Ins No.:
Nature of Employees Injuries:
Date ceased work:
Date returned to work:
Occupation:
WAS THE ACCIDENT / DISEASE CAUSED BY ANY OTHER PARTY (If yes, please provide details)
In addition to the accident description please also provide copies of:
Your Accident Book Entry
Any H&S Notification
Any Internal Report
Name of Manager/Supervisor:
Name and address of Witnesses:
Signature of Owner/Director:
Date:

Authorised and regulated by the Financial Services Authority.

PUBLIC LIABILITY ACCIDENT REPORT FORM	
CLIENT NAME AND ADDRESS:	
Policy Number:	
Contact Person:	
Contacts Position:	
Name of Policyholder:	
Address Line 1:	
Line 2:	
Town:	
County:	Postcode:
Telephone:	e-mail:

CIRCUMSTANCES OF ACCIDENT (Continue overleaf if necessary):	
Details of the incident:	
Date of Accident:	Time of Accident:
Place of Accident:	
Who notified you of the accident and when was it? (please include claimants name and address):	
Are you registered for VAT? YES / NO	Police Crime Reference:
Nature of property damage &/or injuries:	
What work were your employees engaged upon?	
WAS THE ACCIDENT CAUSED BY ANY OTHER PARTY? (If yes, please provide details)	

In addition to the accident description please also provide copies of:		
Your Accident Book Entry	Any H&S Notification	Any Internal Report
Name of Manager/Supervisor:		
Name and address of any witnesses:		
Signature of Owner/Director:	Date:	