

### REPORT OF EMPLOYERS LIABILITY ACCIDENT

If the accident is fatal, please telephone immediately informing us when and where the inquest is to be held.  
Please complete and return to the issuing office of the Company and enclose a copy of the Accident Register entry, plus additional requested documentation.

#### EMPLOYERS DETAILS

Name of Employer		Policy Number	
Address of Employer		Claim Number	
		Tel Number	
In Connection with what trade or Business did you employ the injured person?			
Contact Name and Tel No.			

#### THE INJURED EMPLOYEE

Name of Injured Party		Date of Birth	
Marital Status		Occupation	
Address			
Was he / she a servant in your direct employment?		If no, please give the name of the injured persons Employer	
Please state his / her weekly salary			
	£	And weekly value of allowances	£

#### THE ACCIDENT (IF FATAL / SERIOUS INJURY TELEPHONE US IMMEDIATELY)

Date of Accident		Time of Accident		Date injured person ceased work	
Date Person returned to work		Did the accident happen on your premises?		If no, please supply address & telephone number below	
Describe the nature of work in progress					
Describe fully how the accident happened and whether any machinery in use in connection with the work and if alleged to be due to any defect in the machinery, plant or equipment. (Defective plant or machinery should be preserved in position pending our inspection) Please continue overleaf if need be.					
Was he / she at the time doing the work he / she was authorised to do?				Was he / she sober?	
In your opinion, was the accident caused by negligence of any other employees?					
Whose fault was it and why?					
Did the accident arise out of work being carried out under contract?				Yes / No	
Did the health and safety executive investigate the accident?	Yes / No	If Yes, please detail below the outcome and confirm any recommendations made and provide a copy of the report complied			
Was there any warning of possible intended action / prosecution ?		Yes / No	If Yes, please provide details		

Also please provide a copy of the accident book entry and a copy of the H.M Factory Inspectorate form F2508 (Report of injury or dangerous occurrence).

