



LIABILITY INCIDENT REPORT FORM

INSURER:		
Policy No:	Client Ref:	Claim No: (If Known)

NOTE:

Please use separate sheet(s) of paper to respond to questions if there is insufficient space on the form

POLICYHOLDER

Name::			
Address:			
		Postcode:	
Telephone No:		Fax No:	
Email::			
Contact Name:			
Occupation:			

Are you registered and accountable for VAT? YES NO

If "Yes" state rating (full, partial, exempt) % if partial.

THE INCIDENT

Date and time of occurrence:	
Location / Place:	
Circumstances – What happened and what was the cause?	
To whom was the incident first reported and when?	

Please carefully preserve any broken parts of machinery, plant, equipment, tool or other relevant item involved in the incident.

WITNESSES	
Name and Address	Relationship to Injured Party / Property Owner.

EMPLOYEE DETAILS

Name:	
Date of Birth:	National Insurance Number:
Full or Part Time:	Nature of Employment:
How long has Employee been with the Company?	

Has the Employee been absent from work as a result of the incident YES NO

If "Yes" give dates of absence	From:	To:
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Give details of Employee's net weekly wage	pw
Give details of Company sick pay due weekly:	pw

or net monthly salary	pm
or monthly	pm

Please enclose a copy of the relevant Accident Book Entry.

Did the Employee receive any first aid or other treatment? YES NO

Have you completed H.S.E. Form? YES NO

If "Yes" please give details of what treatment was administered, and by whom

PERSONS INJURED OTHER THAN EMPLOYEES

Name and Address	Occupation (if available)n
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Have you completed H.S.E. Form Report of Injury or Dangerous Occurrence? YES NO

Please enclose copy of relevant Accident Book Entry

Did Person injured receive any first aid or other treatment

If "Yes", treatment was administered, and by whom

DAMAGE

Give whatever details you can about the extend and nature of any damage.

Give name(s) and address(es) of person(s) injured or whose property was damaged

CLAIM

Has any claim been made by, or on behalf of, the Person injured / Employee? YES NO

If "Yes", give date of claim, by whom and whether written or verbal, together with details of the nature of damages, loss or injury (if not stated above)

Any letter or document you receive should be passed to us immediately and unanswered.

DECLARATION

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

Signature:	Date:
Print Name:	Position / Job / Title:

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