



EUROPA
GENERAL
An RSA Group Company

Employers Liability Accident Report Form

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This is a confidential document between the Insured and the Insurers prepared for the use of the Company's Solicitors in anticipation of litigation

SECTION A EMPLOYER (This section must be FULLY completed)

Company Name _____ Policy Number _____
(must be given)

Address _____

Contact Name _____ Daytime
telephone/mobile no _____

Business _____

Was the injured person in your direct employ or in the employ of a subcontractor? _____

If a contractor, state name and address. _____

Are you VAT registered Yes No

SECTION B INJURED PERSON (This section must be FULLY completed)

Name of the injured person: _____ Date of birth: _____

Address: _____

Occupation _____ Married Single

National Insurance Number or Personal Public Service (PPS) Number _____

Social Welfare office address, if known? _____

How long has the Injured person been continuously employed by you prior to the accident? _____

Please state injured person's average weekly wage during the past 12 months with you? _____

Please include details of any Statutory Sick Pay received by the injured person. _____

Details of nature of injuries sustained? _____

Name of hospital (if any) to which injured person taken? _____

Was injured person detained in hospital or treated as an out-patient? _____

Has injured person returned to work? _____ Date of return? _____

Is injured person doing full pre-accident work? _____

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Date and time of Accident? _____

Please explain in detail how the accident occurred. _____

Date accident was first reported to you? (if written notice please forward same) _____

Date of accident book entry (Please attach copy of accident book entry) _____

Location of Accident? _____

Date and time injured person ceased work on account of disability? _____

Name and addresses of all witnesses of the Accident, and if employed by you. _____

Is there any CCTV footage available? _____

Name and address of Foreman and/or Charge hand and confirm if still employed by you. _____

Please provide details of protective equipment/clothing used. _____

In your opinion was the Accident attributed to the negligence of:

a. Injured person _____ b. Another person _____

c. If answer to (b) is yes give name and by whom employed. _____

Did the accident arise out of and in the course of the Injured Persons Employment? _____

Describe fully the work upon which the injured person was engaged at the time of the Accident. _____

Please provide details of experience and training for the job: _____

What has been done to prevent a recurrence of this accident?

Insurers pass information to the Claims and Underwriting Exchange Registers, run by Insurance Database Services Ltd (IDS Ltd) and Moneymate Insurance Services and the Motor Insurance Anti-Fraud and Theft Registers, run by the Association of British Insurers (ABI) and the Irish Insurance Federation (IIF). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

Data Protection Notice

Please read the following carefully as it contains information relating to the details that you have given us.

You should show this notice to any other party related to this insurance.

Data Protection Act 1998

All personal information supplied by you will be treated in confidence by Europa General Underwriters (NI) Ltd and will not be disclosed to any third parties except where your consent has been received or where permitted by law. In order to provide you with products and services this information will be held in data systems of Europa General Underwriters (NI) Ltd.

I/We understand that you may ask for information from other Insurers to check the answers I/We have provided.

Signature X **Date X**

This form must be signed by the Insured or by an Official authorised by the Insured. It is a condition of your policy that an admission of liability must not be made and any written communication must be forwarded immediately to us unanswered.

ALL BROKEN OR DAMAGED PIECES OF PLANT OR MACHINERY MUST BE RETAINED FOR INSPECTION

**EUROPA GENERAL UNDERWRITERS (N.I) LTD, AUTHORISED AND REGULATED BY THE FINANCIAL SERVICES AUTHORITY
REGISTERED IN NORTHERN IRELAND NO. 39814 REGISTERED OFFICE 89-91 ACADEMY STREET BELFAST**

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