



LIABILITY INCIDENT REPORT FORM

Please return
completed Report
Form to:

Claim Reference (if known)

Policy Number

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

A. POLICYHOLDER

Name

Address
 Tel No. Postcode

Contact Name
 Tel No.

Business

Are you registered for VAT? Yes No If 'Yes', state rating (full, partial, exempt) % if partial.

B. INCIDENT

Date and time
Place

Circumstances – What happened and what was the cause?

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

WITNESSES

Name	Address	Where was witness at time of incident?
Relationship to Injured Party/Property owner		

To whom was the incident first reported and when?

C. EMPLOYEE DETAILS

Complete this section only if an employee is injured

Name/Address

Date of Birth

Full or Part Time

How long has Employee been with company?

Has the Employee been absent from work as a result of the incident? Yes No

If 'Yes', give dates of absence From To

Give details of employee's net weekly wage pw or net monthly salary pm

Give details of company sick pay due weekly pw or monthly pm

Have you completed H.S.E. Form 'Report of Injury or Dangerous Occurrence'? Yes No

If 'Yes', please enclose a copy

Have you completed H.S.E. Form 'Report of a Case of Disease'? Yes No

If 'Yes', please enclose a copy

Please enclose copy of relevant Accident Book entry

Did employee receive any first aid or other treatment? Yes No

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

D. INJURIES/DAMAGE/DISEASE

Give whatever details you can about the extent and nature of the injury/damage/disease

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

E. CLAIM

Has any claim been made by, or on behalf of, the Third Party/Employee? If so, give date of claim, by whom and whether written or verbal, together with details of the nature of the damage, loss or injury. (if not stated above).

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

F. 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