



INNOVATIVE INSURANCE SOLUTIONS

CLAIM FORM

EMPLOYERS' and PUBLIC LIABILITY



Insurance Brokers . Underwriting Agents
Lloyd's Brokers . Independent Financial Advisers

EMPLOYERS' & PUBLIC LIABILITY CLAIM FORM

Particulars of Insured: -

- a) Name or Title _____
- b) Address _____
- c) Business or Profession _____
- d) Telephone Number _____

Particulars of Incident: -

- a) Date _____ b) Time _____
- c) Exact place where incident occurred _____
- d) When and by whom was incident reported to you? _____

Damage to Property

- a) State name & address of each owner of damaged property and give full details of the damage : _____

- b) Was third party known to Insured before the incidents? Yes/No
- c) If so, relationship _____

Personal Injury: -

- a) State name, occupation and employers name in respect of each person injured and give full details of the injuries :-

Complete only if Injured person is an employee of Insured: -

- a) How long have you employed him/her? _____
- b) Approx. weekly wage, inclusive of overtime and bonus, exclusive of income tax
£ _____
- c) Age _____ Married or Single _____
- e) Number of Children of school age _____

- f) If the injured person has been absent from work as a result of the incident :-
 - I. When did the absence commence? _____
 - II. Date of return, or expected date of return if still absent _____
- g) If the injured person has returned to work is he/she performing full pre-accident work? _____
- h) What was the injured person doing at the time? _____
- i) What training has the person been given to perform the task? _____
- j) Who was the injured person's immediate superior? _____
- k) State the nature of supervision exercised. _____
- l) If machinery was involved, please state type and motive power. _____
- m) Was the incident due to lack or non-use of guarding? _____
- n) Was the incident due to any defect in the premises or plant? _____
- o) Was an entry made in the accident book? Yes/ No (If yes please provide a copy of this)
- p) Was the incident reported to the HSE? Yes/No (If yes please attach a copy of this)

Details of claim

- a) Give details of any claim made upon you _____

 (Any correspondence should be attached hereto)
- b) Please describe the circumstances of the accident in detail, and if possible include a sketch plan.

Please give names and addresses of ALL witnesses to the accident _____

I/We hereby declare that to the best of my/our knowledge and belief the foregoing statements are true and complete.

Date _____ Signature _____

NOTE: THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.

CAMBERFORD LAW PLC

HEAD OFFICE:

Lygon House
50 London Road
Bromley, Kent
BR1 3RA

CITY OFFICE:

2 Royal Exchange
London
EC3V 3DG

T 020 8315 5000
F 020 8460 2118
@ claims@camberfordlaw.com

www.camberfordlaw.com

Authorised and Regulated by the Financial Services Authority
Registered in England No. 608819