

# EMPLOYER'S LIABILITY ACCIDENT REPORT FORM

To enable QBE Insurance (Europe) to fulfil its obligations under the terms of the policy, this form must be completed and submitted to Acclaim House, Central Park, New Lane, Leeds, LS11 5UF, with all relevant accident documentation e.g. letter of claim, internal investigation report, etc. Details of any serious accident should be notified immediately irrespective of whether a claim has been made.

In the event of a fatal accident the Company should be notified immediately by telephone or facsimile in order that representation at the enquiry into the death can be arranged.

No payment, offer or promise of payment or admission of liability in any way should be made. No inspection of plant or machinery should be allowed unless agreed by QBE Insurance (Europe).

Any communication received about the accident should not be answered but sent to QBE Insurance (Europe) immediately.

Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Name of Employee: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ National Insurance No: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Time of Accident: \_\_\_\_\_

Place of Accident: \_\_\_\_\_

Nature of injury or disease: \_\_\_\_\_

Date ceased work: \_\_\_\_\_ Date returned to work: \_\_\_\_\_

Circumstances of accident/disease (if necessary please continue overleaf):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was the accident/disease caused by any other party? If yes, please provide details: Yes  No

\_\_\_\_\_

\_\_\_\_\_

In addition to the accident description please also provide copies of:

- Your Accident Book Entry
- Any Statutory Health & Safety Notification
- Any internal investigation report

Name of Foreman/Supervisor: \_\_\_\_\_

Name and address of Witnesses: \_\_\_\_\_

Signature of Official: \_\_\_\_\_ Date: \_\_\_\_\_