

EMPLOYER'S NOTICE OF INJURY FORM



NOTE: This form is issued to enable Underwriters to deal with any claim which might arise, and it is therefore essential that the questions asked be fully and accurately answered

EMPLOYER		
Address		
Nature of Business		
Telephone Number	Site Tel No	
Contact Name for purposes of carrying out enquiries	Job Title	
Contact Address		
INJURED EMPLOYEE Surname		
Christian/or Forenames:		
Age	Date of Birth	N.I. Number
Address (in full)		
Usual Occupation	Single or Married	
State date entered your employ	Is he/she in your direct employ?	
If not, state name & address of Sub-Contractor/Employer		
ACCIDENT Date	Time	Place
Who reported the accident?	When Reported: Date	Time
On what work was employee engaged at time of accident?		
Was the injured person performing a duty for which he/she was employed?		
Was the accident due to any breakdown or defect in ways, works, machinery or plant?		
Who was in charge at the time of accident?	In what capacity	
Describe fully how the accident occurred		
(Continue overleaf if necessary)		
Who was the source of this information?		
If accident was caused by machinery, describe type, make and plant serial number. <small>If thought helpful, a rough sketch or diagram overleaf would be appreciated</small>		
INJURIES Nature and extent		
Date employee ceased work	Date employee returned to work	
Estimated duration of incapacity (if he/she has not returned to work)		
If taken to hospital state name and address and whether detained		
WITNESSES/PERSONS NEAR BY Give names and addresses		
Signed on behalf of Employer		Date
Name of person signing this form		Job Title