

## Noyce Insurance Solutions Ltd

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## EMPLOYER'S LIABILITY CLAIM FORM

<b>POLICY HOLDER</b>	
Name	Policy No.
Address	
Postcode	Tel No
Business	
If registered under VAT regulations please advise status	

<b>EMPLOYEE DETAILS</b>		
Name of Employee	Occupation	Age
Address		
Is he/she in your direct employ?	National Insurance No	
How long in your employ?	Average net weekly wage	

<b>DETAILS OF ACCIDENT</b>		
Date	Time	Place
Describe what the employee was doing and how the accident happened		

Nature and extent of injury/disability



Has the accident been reported to the Health and Safety Executive?	
Have they carried out an investigation?	

Has the Employee resumed work?	If so when?
If not, what is the expected duration of the incapacity?	

To whom and when did the Employee report the accident?
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<b>WITNESSES</b>
Give name and addresses

<b>Employer's signature</b>	<b>Date</b>
<b>Name</b>	