



**GAUNTLET**

## Employers Liability Report Form

Section 1 - Insured Information			
Name of Policy Holder			
Address			
Business Description			
Insurer Name			
Policy Number		Renewal Date:	
Name of Person to be contacted in connection with this incident		Telephone No:	
VAT Registration Number			

Section 2 - Injured Employee Details			
Full Name		Date of Birth	
Address		N.I Number	
Actual Occupation		Length of service	
Name & Address of immediate employer			
Name & grade of person in charge of employee			

Section 3(a) - Detail of Accident	
Date & Time of Accident	
Where did Accident occur?	
Particulars of work employee was engaged at the time	
Was the employee performing his/her ordinary duties?	
How did the Accident occur?	
Name & Address of witness of Accident	

Section 3(b) - Injuries	
What were the nature of employee's injuries?	
Was the employee taken to hospital?	
When did the employee cease work?	
Has employee returned to work?	

Section 4 - Disease	
State the nature of alleged disease	
Nature of work activity in which employee was engaged	
How long has he/she been engaged in this work activity	
Date on which you were first notified of this disease	
To what is the condition attributed? ie: substance, material or irritant	
To your knowledge has the employee sustained previous attacks? If so please provide details	
Have any other employees suffered from similar disease in the past 5 years? If so please provide details	
Are there any specific precautions taken at your premises to prevent this disease? If so please provide details	

Section 5 - Notification of a Claim	
Who was informed of the accident/disease and when?	
Was a report made in the Company Accident book? If so please forward a copy	
Has any claim been made upon you to date?	

Please note: Any communication that you receive about the accident should be forwarded unanswered to Gauntlet Insurers

Section 6 - Other Relevant Information and Declaration	

Please provide us with copy payslips for the last three months or alternatively separately supply details for that period of gross earnings, income tax deductions, NHI deductions, other deductions and net earnings.

Please also separately supply details of all other absences during the past twelve months and briefly state cause and duration of absence.

I/We declare that the above statements are true to the best of my/our knowledge and belief and I/We have no other insurance that will respond to this claim

<b>Signature:</b>	<b>Date:</b>
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