

LIABILITY INCIDENT REPORT FORM

Please complete this form and return to Walmsleys Commercial Insurance Brokers, 17-21 Dicconson Street, Wigan WN1 1RG
 Telephone 01942 765333 Fax 01942 765339 Email jansage@wcib.co.uk

Important Notes

- i) Any correspondence or document received in connection with the incident must be forwarded to us unanswered and without delay
- ii) In accordance with your policy conditions no offer of payment or admission of liability must be made by you or any other person offered indemnity under this policy
- iii) Any plant, machinery or equipment involved in the incident must be kept in a safe place. Any broken parts must not be disposed of and no adjustment should be made to any relevant plant, machinery or equipment without your insurers consent

Policyholder				
Business Name:			Insurer:	
Occupation:			Policy Number:	
Address:			Daytime Telephone No:	
			Mobile Telephone No:	
			Email Address:	
Postcode			Contact Name:	
Are you VAT registered?	Yes / No	If 'Yes', VAT number:	What percentage can you recover?	%

The Incident Details			
Date & time of incident		Where did the incident happen?	
When was it reported		To whom was the incident first reported?	

Circumstances – what happened and what was the cause? Please give full details

Details of Injury/damage/disease – Please give whatever details you can about the extent & nature of the injury/damage or disease

Witness Details – Please give details of any person who witnessed the incident					
Name	Address	Where was witness at time of incident		Relationship to injured party	
Have you completed HSE form “Report of Injury or Dangerous Occurrence”?					Yes / No
Have you completed HSE form “Report of a case of Disease”?					Yes / No
Was an entry made in the accident book?					Yes / No
Where you have answered ‘Yes’ please attach a copy					
Did employee receive first aid or other treatment?					Yes / No
If Yes, please give details of the treatment that was administered and by whom:					
Employee Details – please complete this section if the injured party is an employee					
Employee Name		Date of Birth			
Address		National Insurance Number			
		Is employee full-time or part-time?			
Postcode		How long have they worked for you?		Years	Months
Employee’s job		How long have they held this position?		Years	Months
Has employee been absent from work as a result of the incident?		Yes / No	If Yes, give dates	From	To
Give details of employee’s net wage:		Weekly Wage:		OR Monthly Wage	
Give details of company sick pay due:		Weekly		OR Monthly	
Third Party Details – please complete this section if the injured party was not an employee or where a person’s property has been damaged					
Name of Person					
Address					
Postcode					
Claim					
Has any claim been made against you?					Yes / No
If Yes, what date was the claim made?					
Who made the claim?					
Was the claim written or verbal?					
Any additional information that may be useful					
Data Protection					
<p>Insurers pass information to the Claims and Underwriting Exchange Register, run by the Insurance Database Service Limited (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft register, run by the Association of British Insurers (ABI). The aim is to help Insurers check information provided and also to prevent fraudulent claims. Under the conditions of your policy you must tell us about any incident (such as an accident or theft) whether or not a claim is being made. Your insurer will pass information relating to this incident to the registers.</p>					
Declaration					
<p>I/We declare that these particulars are true to the best of my knowledge. I/we understand that you may ask for information from other insurers to check the answers that I/we have provided and I/we authorise the giving of such information for such purposes. I/We understand that you may ask IDS Ltd &/or ABI for information they have received from other insurers to check the answers I/we have provided. (In the case of joint policyholders, both should sign)</p>					
Signature(s).....					Date
Signature(s).....					Date

Documentation which may be required following notification of a claim: -

General:

Internal accident and investigation reports

Witness statements

Sketch plan of accident/incident location

Photographs of the affected area/machine/injury

Risk assessments

If the incident involves a machine or piece of equipment:

Machine instruction manual or operational guide

Maintenance and inspection records

Routine servicing records

Medical Records:

Accident & Emergency record

First aiders report

Additional documents if the incident was an injury to an employee:

HSE RIDDOR form (F2508 or F2508A)

Wage details

Contract of Employment

Training records

Foreman/Supervisor's accident report

Occupational health records

Sickness/absence records (including copies of sick notes)

Previous complaint records

Personnel file (appraisals)

Proof of personal protective equipment supplied and/or in use