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# LIABILITY INCIDENT REPORT FORM

Note: Please use separate sheet(s) of paper to respond to questions if there is insufficient space on the form.

## A: Policyholder

Name:

Address: Post Code: Tel No:

Contact Name: Tel No.:

Business:

Are you registered for VAT? Yes ☐ No ☐

If 'Yes', state rating (full, partial, exempt)

**% if partial**

## B: Incident

Date and Time:

Place:

Circumstances – What happened and what was the cause?

Please carefully preserve any broken parts of machinery, plant, equipment, tool, or other relevant item involved in the incident.

**Witnesses**

| Name and Address | Where was witness at time of incident? | Relationship to Injured Party/Property Owner |
|---|---|---|
| | | |

To whom was the incident reported and when?

## C: Employee Details

Name/Address:

| Date of Birth: | National Insurance Number: |
|---|---|
| Full or Part Time: | Nature of Employee's Job: |
| How long has Employee been with company? | How long has Employee held this position? |

**Has the Employee been absent from work as a result of the incident?** **Yes** ☐ **No** ☐

**If 'Yes', give dates of absence:** **From** **To**

**Give details of employee's net weekly wage:** £ ……………….. p/w or net monthly salary £ ………………… p/m

Give details of company sick pay due weekly: £ ……………….. p/w or net monthly £ ………………… p/m

Please provide details of any bonus scheme applicable

If, as a result of the accident, lighter duties are now undertaken or offered, please provide details

Have you completed HSE Form 'Report of Injury or Dangerous Occurrence'? Yes ☐ No ☐
If 'Yes', please enclose a copy

Have you completed HSE Form 'Report of a Case of Disease'? Yes ☐ No ☐
If 'Yes', please enclose a copy

PLEASE ENCLOSE COPY OF RELEVANT ACCIDENT BOOK ENTRY

Did employee receive any first aid or other treatment? Yes ☐ No ☐

If 'Yes', please give details of what treatment was administered, and by whom

## D: Injuries/Damage/Disease

Give whatever details you can about the extent and nature of the injury/damage/disease

Give name(s) and address(es) of person(s) injured or whose property was damaged

**E: Claim**

Has any claim been made by, or on behalf of, the Third Party/Employee? If so, give date of claim, by whom and whether written or verbal, together with details of the nature of the damage, loss or injury, (if not stated above).

| |
|---|
| |

ANY LETTER OR DOCUMENT YOU RECEIVE SHOULD BE PASSED TO US IMMEDIATELY AND UNANSWERED.

**F: Declaration**

I/We hereby declare that the information given is true to the best of my/our knowledge and belief

| | | | |
|---|---|---|---|
| Signature | | Date | |
| Print Name | | Position/Job Title | |

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