



**NORWICH
UNION**

an AVIVA company

You should notify Norwich Union as soon as possible of any incident involving your employees which could be the subject of a claim. This will enable us to take the necessary steps in the event of litigation.

Before doing so however, please read carefully the notes overleaf. These should help you and ensure that there is no delay.



employers liability

Office of issue

Report Form

How to complete this form

- 1 Please complete all relevant sections of the attached form, fully and clearly in BLOCK CAPITALS.
- 2 Please provide as full a description of the incident as possible. Where applicable include a rough sketch of the location of the accident, showing the positions of any persons or property involved. Where machinery, plant or equipment is involved, please forward photographs or illustrated brochures if available. Photographs of the incident are always useful and should be included where available. Please continue on a fresh sheet of paper if necessary.
- 3 Please ensure that a NI. and Works No. are given.
- 4 If you require any advice or assistance in completing the form please contact your Insurance Adviser or any Norwich Union Office.
- 5 Please remember to sign the Declaration at the end of the form.
- 6 Please detach the completed form and send it to your Insurance Adviser or to the Norwich Union Office shown overleaf.

You should then keep the remainder of the form to assist you in the future.

What else should I do?

- Any correspondence received in connection with the incident should be passed, unanswered, to your Insurance Adviser or to the Norwich Union Office shown overleaf.
- If you require any further assistance, please telephone your Insurance Adviser or the Norwich Union Office for immediate advice. If we require more information or require to inspect the location of the accident, we shall contact you or your Insurance Adviser.

employers liability report form

Section 1 Your Details

Policyholders Name	
Address	
Postcode	
Trade or Business	
Telephone	
Person to contact	
Policy number	

Have you any other insurance which may cover this claim? Insert YES or NO

If 'YES' give details

Section 2 Details of Employee(s) continue on a fresh sheet if necessary

Name	Date of Birth	/	/
Address			
Postcode			
Telephone			
Occupation/ Department	Date commenced employment		
Nat. Ins. No.	Clock/Works No.		

Is the employee either a direct employee or a labour only sub-contractor? Insert YES or NO

Please provide details

Was the employee actually in the course of his/her employment? Insert YES or NO

If 'NO' give details

Is the employee married, widowed or single?	<input type="text"/>	Number of children	<input type="text"/>
Did employee have any physical defect or relevant medical history before the accident?			Insert YES or NO <input type="checkbox"/>

If 'YES' give details

Section 3 Details of Accident

When and where did the accident take place? Date / / Time am/pm

Place

Has accident been entered in your record book or on form F2509 in accordance with the Notification of Accident? Insert YES or NO

If 'YES' attach copy of the entry together with forms F2058 (F2508 for Notifiable Diseases) and BI 76 as soon as available.

What was the nature of the work being performed?

State length of experience in carrying out this type of work.

If accident was connected with machinery insert YES or NO in boxes (a) and (b) below

(a) was it properly guarded? (b) was guard in use?

Has HM Factory Inspector/Health & Safety Executive/ Local Authority investigated since the incident? Insert YES or NO

Has there been a warning of prosecution? Insert YES or NO

No alteration should be made to such machinery without our consent
Give details of any breach of instructions

Has there been any breach of the Factories Acts, the Health and Safety at Work Act or any other Regulations? Insert YES or NO

If 'YES' give details. Indicate the name and position of person in authority over injured employee

