

Please complete as fully as possible not leaving any blank spaces and inserting n/a as appropriate then return immediately to: Claims Team, This Insurance, Pearl Assurance House, 15-17 Waterloo Road, Wolverhampton, West Midlands, WV1 4DJ.

1. Employer's details

Policy number:    .   .   .

Insureds full name: .....

Insureds business address: .....

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Postcode: .....

Are you VAT registered? Yes  No

In connection with what trade or business did you employ the injured person? .....

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.....

Contact name ..... Contact telephone number: .....

2. Incident details

If injury is fatal / serious please telephone This Insurance immediately

2a. Date and time of accident  DD /  MM /  YYYY Time ..... am/pm

2b. First notified?  DD /  MM /  YYYY By whom? .....

2c. Details of premises where accident occurred .....

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2d. Has notice of any claim by the employee been given either verbally or in writing? Yes  No

2e. Give full details of the accident, including the nature of the work in progress, and whether any machinery was being used and is implicated in the accident (any allegedly defective equipment or machinery must be preserved in position pending our inspection). Continue on additional paper if necessary, and provide a sketch.

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- 2f. At the time was he/she carrying out work he/she was authorised to do? Yes  No
- 2g. Was he/she sober? Yes  No
- 2h. In your opinion was the accident caused by the negligence of other employees? Yes  No
- 2i. Did the accident arise out of work being carried out under contract? Yes  No
- 2j. Who, if anyone, do you consider to blame? Please state your reasons .....

3. The injured employee

Full name: .....

Occupation: .....

Marital status: ..... Date of birth: DD / MM / YYYY

Address: .....

Postcode: ..... Telephone number: .....

- 3a. Was he/she a servant in your direct employment? Yes  No
- If no, give full name of injured person's employer .....
- Please advise:

3b. value of his/her weekly wage/salary £

3c. value of any allowances (eg board) £

3d. date the injured person ceased work DD / MM / YYYY

3e. date the injured person returned to work DD / MM / YYYY

3f. has the injured person applied for state benefit? Yes  No

If Yes, forward copy of B176-DSS statement of facts/injury)

3g. Please advise the nature and extent of the injury .....

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**6. Financial data**

Please give wages estimates (including % heat work) and number of employees for the financial year in which the claim occurred.

Occupation	Annual wages	Heat work	No. of employees
Clerical & non-manual employees	£ .....	.....	.....
Direct manual employees - at own premises	£ .....	..... %	.....
Direct manual employees - work away	£ .....	..... %	.....
Woodworking machinists	£ .....	.....	.....
All other employees (please describe)	£ .....	..... %	.....
Labour only sub-contractors - premises	£ .....	..... %	.....
Labour only sub-contractors - work away	£ .....	..... %	.....
Proposer's own manual wages - own premises	£ .....	..... %	.....
Proposer's own manual wages - work away	£ .....	..... %	.....
Payments to bona-fide sub-contractors	£ .....	..... %	.....

6a. If heat work is used - detail type (e.g. soldering, hot air guns, blow lamps, welding or flame cutting equipment):

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 .....  
 .....

6b. Turnover estimates for the financial year in which the claim occurred:

UK	£	<input type="text"/>
USA/Canada	£	<input type="text"/>
European Union	£	<input type="text"/>
Rest of World	£	<input type="text"/>

**Declaration**

The above particulars are to the best of my knowledge and belief true in every respect.

Signature(s): .....

Date: DD / MM / YYYY .....

**Note: Policyholders are requested NOT to inform Claimants that they are insured, but simply to say that an enquiry will be made, and forward all communications to the Company at once, unanswered.**

Broker: .....

Contact name: .....

Reference: .....

Tel number: ..... Fax number: .....

Email address: .....