

Reference

Employers' Liability

This form is intended for the use of the NFU Mutual's solicitors in connection with litigation actual or anticipated.

Policyholder

Name

Address

Postcode

Policy no.

Date premium paid

Telephone no: Home

Business

Occupation

V.A.T. Registration no.

(if not registered, state "none")

To the Policyholder - Injury to Employees

In the event of injury to any employee, please supply the information set out below to enable us and our Solicitors to give advice and conduct any litigation which may follow.

Please take great care in completing this form. The information given should be strictly accurate, irrespective of whether it is in your favour or otherwise. You should not make any payment, offer or promise of any payment or admit liability in any way, as by doing so you may prejudice your position.

Please attach a copy of:

1. Accident Book entry
2. HSE F2508 - Report of an Injury (if appropriate)

(Enquiries regarding the reporting of injuries can be made by calling the HSE Incident Contact Centre, 0845 3009923, or by e.mail www.riddor.gov.uk)

Employee

Name in full

Age

If a relative of the insured, state relationship

Address

Length of Service

Regular or casual

Usual occupation/grade

How long has employee been so employed?

If the employee is not in your direct employ give name and address of employer

State (a) If married

(b) If spouse working

(c) Wage or salary £

(d) Weekly value of benefits in kind £

State age and sex of children under 18 years of age



Please turn over

NFU Mutual

Accident

Date Time Place

Date employee ceased work

Please describe accident as fully as possible or give particulars of disease

Name and addresses of witnesses

If caused by machinery say why the guarding or fencing failed to prevent it

If a motor vehicle is involved give registration/VIN number

Name of motor vehicle insurers

Was the accident caused by any defect in, or unsafe or insecure, passage, floor, building, equipment or plant (other than machinery)? Yes No

If 'yes,' please give details

If caused by the fault of any person give name and state by whom employed

Injury

Nature of injury and if to limb or eye state whether right or left

State whether fatal, severe or slight

If fatal when and where will inquest be held?

Is employee at home or in hospital? If detained in hospital say which

National Insurance Number

I/We understand that, in order to prevent fraud, you may share information about me/us and this incident with other organisations and public bodies including the police.

I/We declare the foregoing particulars to be true in every respect.

Signature of Policyholder Date 20

www.nfumutual.co.uk

NFU Mutual is The National Farmers Union Mutual Insurance Society Limited (No. 111982).

Registered in England. Registered office: Tiddington Road, Stratford upon Avon, Warwickshire CV37 7BJ.

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

A member of the Association of British Insurers.

For security and training purposes, telephone calls may be recorded and monitored.

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