

Accident to Employee Form

Ref No (Please insert)

Please complete the relevant sections. If any are not applicable please add N/A

This report is made in the bona fide belief that litigation may ensue and to enable the Employer's Representatives, Solicitors and/or Agents to conduct and advise in relation to such litigation

Please complete and return form to:

Allianz Insurance plc, Commercial Property Claims Team,
500 Avebury Boulevard, Milton Keynes, MK9 2XX.

Policy Holder (Please insert)

Name of insured	<input type="text"/>	Policy Number	<input type="text"/>
Address	<input type="text"/>		Postcode <input type="text"/>
Business	<input type="text"/>	Tel.No	<input type="text"/>
Are you registered under the VAT regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes please give details	<input type="text"/>		

Employee Details (Please insert)

Name of Employee	<input type="text"/>	Date of Birth	<input type="text"/>	Age	<input type="text"/>
Occupation	<input type="text"/>	Staff Number	<input type="text"/>		
Address	<input type="text"/>		Postcode	<input type="text"/>	
Is he/she in your direct employment	<input type="text"/>	National Insurance No.	<input type="text"/>		
How long has he/she been in your employment	<input type="text"/>	Average net weekly wage	<input type="text"/>		

Details of Accident (Please insert)

Date	<input type="text"/>	Time	<input type="text"/>	Place	<input type="text"/>
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Describe what the employee was doing and how the accident happened

Details of Accident

(Continued)

Nature and extent of injury/disability

Has the accident been reported to the Health and Safety Executive?

Yes No

Have they carried out an investigation?

Yes No

Has the Employee resumed work?

Yes No

If so, when? If not, what is the expected duration of the incapacity?

To whom and when did the Employee report the accident?

Witnesses

Give names and addresses

Notice

Information relating to your claim will be provided to the Employers Liability Tracing Office (the "ELTO") and added to an electronic database (the "Database") in a format set out by the Employers Liability Insurance Disclosure by Insurers Instrument 2010.

The Database is managed by ELTO. Further information can be found on the ELTO website www.elto.org.uk

Data Protection Notification

We may use the personal and business details you give us, or which are supplied by third parties, to consider your claim, search the files of credit reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we may consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EEA. They will at all times be held securely and handled with the upmost care in accordance with all principles of English law. We will store personal details on computer but will not keep them for longer than necessary. Under the terms of the Data Protection Act 1998, individuals are entitled to a copy of all the information we hold about them.

Telephone calls may be recorded for our mutual protection, training and monitoring purposes.

VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true, correct and complete to the best of your knowledge and belief, and that all material facts have been disclosed.

A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or application of cover under the terms and conditions of your policy.

If you are in any doubt as to whether a fact is material, **you must disclose it.**

FAILURE TO DO THIS MAY RESULT IN YOUR POLICY BECOMING INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.

I / We declare that the foregoing particulars to be correct to the best of my/our knowledge and belief. I / We understand that you may seek information from other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advise in relation thereto.

Employer's Signature Date