



TRAVELERS

## Employers' Liability Claims Form

To complete this claims form, fill in the designated highlighted fields. Please ensure you save the form to your computer.

You can then either print it and return it to your broker by post or email the electronic version. Alternatively send the form directly to: Travelers Insurance Company Limited, Commercial Claims, 61-63 London Road, Redhill, Surrey RH1 1NA.

Tel: 01737 787787 Email: [reportaclaim@travelers.com](mailto:reportaclaim@travelers.com)

### IMPORTANT

We wish to make the processing of your claim as trouble-free as possible. In order to do so, please ensure that all questions are fully answered and all required documents are enclosed.

**PLEASE ANSWER EVERY QUESTION FULLY – FAILURE TO DO SO WILL RESULT IN DELAY**

*The issue of this form is not an admission of liability*

### Insured Details

Policy Number  Broker

1. Name

2. Address   
Postcode

State name and telephone number of person to contact for further enquiries

3. Business *(if more than one state all)*

4. Are you registered for VAT? Yes  No  If 'Yes' is VAT recoverable from the Tax Authorities? Yes  No

If 'Yes' how much is recoverable?

5. Are there any other insurances covering this incident? If 'Yes' is VAT recoverable from the Tax Authorities? Yes  No

If 'Yes' give details

## Circumstances

6. Date  Time

7. Place

8. Nature of work being carried out at the time of the occurrence

9. State fully what happened to CAUSE the injury or disease

10. When was the occurrence first reported to you?

By whom?

11. What plant or equipment? if any? caused the occurrence? (See note (iii) over)

12. Have you completed any Statutory Forms in connection with the occurrence? Such as the F2058 and the B176? Yes  No

13. Names, addresses and telephone numbers of witnesses

## Injured Person

14. Name

15. Address

16. Occupation

17. Date of Birth

18. Marital Status

19. Length of Service

20. Works/Clock/Payroll No.

21. Department

22. N.I. Number

23. State nature and extent of injury or disease

24. Has he/she returned to work? Yes  No

If 'Yes' state date of return

**Injured Person - Continued**

25. Is he/she in your direct employment? Yes  No

*If 'No' give name and address of employer*

Postcode

26. Average net weekly/monthly earnings p.w / p.m

27. Average number of hours worked per week hours

28. Did he/she have any physical defects or relevant medical history before the occurrence? Yes  No

*If 'Yes' give details*

29. What exactly was he/she doing at the time of the occurrence?

30. Was this in the course of his/her employment Yes  No

31. Was the injured person taken to hospital? Yes  No

*If 'Yes' give details*

**Notes**

**IMPORTANT NOTES**

- (i) Any communication or document received in connection with the occurrence must be forwarded to Travelers unanswered and without delay.
- (ii) In accordance with the General Policy Conditions no offer of payment or admission of liability must be made by you or any other person offered indemnity under the Policy.
- (iii) Any plant, machinery or equipment involved in the occurrence must be kept in a safe place. Any broken parts must not be disposed of and no adjustment should be made to any relevant plant, machinery or equipment without Travelers consent.
- (iv) Insurance companies maintain a number of anti-fraud and theft registers to help us check information and prevent fraudulent claims. We may search these registers as part of our investigation and we will also be passing information relating to this incident to the appropriate register(s) for the future reference of other parties.

**Declaration**

By submitting this form you declare that the foregoing particulars are true to the best of your knowledge and belief. You authorise Travelers to make such admissions on your behalf as it deems appropriate and you agree to render to Travelers all assistance in the investigation of the claim. You further agree to provide such assistance as may be necessary in pursuing recovery of any outlay.

Name

Date

Position/Job title

Travelers operates through several underwriting entities through the UK and across Europe. Please consult your policy documentation or visit the websites below for full information.