



**COVEA INSURANCE PLC**

50 KINGS HILL AVENUE, KINGS HILL, WEST MALLING, KENT ME19 4JX

Telephone: 0330 134 8300 Fax: 0330 130 4171

## Liability Report Form

Please return to:

ESSEX INSURANCE BROKERS LIMITED  
2 BLENHEIM COURT  
NORTHOLT WAY  
HORNCHURCH  
ESSEX  
RM12 5RX

Please answer all questions on this page as fully as possible  
Please make sure you sign and date the form.

Please use BLOCK CAPITALS or TICK the BOXES as appropriate.

### Insured

Policy no. \_\_\_\_\_ Renewal date \_\_\_\_\_ Date premium paid \_\_\_\_\_

Name of insured \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_ Tel. no. (Home) \_\_\_\_\_ (Business) \_\_\_\_\_

Are you registered for VAT purposes?

YES NO

Please give full details of all previous claims made against you, including nature of claim, the name and address of your previous insurers (continue on a separate sheet if necessary)

### The Event

Address where the event occurred

Tel.No

Date

Time

State whether Employers' Liability or Public Liability

Please give full details of circumstances of the event (continue on separate sheet if necessary)

Please illustrate by a sketch if appropriate, giving measurements where possible

Name(s) and address(es) of any witness(es)

Was any person responsible for the happening of the event? If

YES  NO

YES, name(s) and address(es) of person(s) responsible

State their insurer's name, address and policy number if known

Have you made a claim against this person or his/her insurance company?

YES  NO

If YES, Please forward all correspondence

## General Questions

Name of person injured or whose property was lost or damaged

Address

At the time of the event was the person stated above in your direct employ?

YES  NO

Is he/she still employed by you in the same occupation?

Has the Health and Safety Officer visited the premises?

If YES, please forward a copy of any recommendations made

Has the injury been reported to the HSE or the local Authority where required under RIDDOR (see note 1)?

If YES, forward a copy of Form 2508 revised

Has notice been given of any intended prosecution?

What action has been taken to prevent a recurrence of the event?

Has a claim been made against you in respect of this event?

YES  NO

If YES, please forward  
– all correspondence  
– details of any written contract applicable  
– copy of the entry in the Accident Book.

## Particulars of Injury

What is the nature and extent of the injury?

Please give name and address of the hospital where treatment received

When is the injured person expected to return to work?  
Please describe any of your property or equipment involved in the event. If not your equipment state who is the owner or hirer

Please describe any relevant defect in such property or equipment

Where is such property or equipment now? (Any property or equipment involved in the event must not be disposed of without the insurer's prior consent.)

Did the event arise as a result of the misconduct of the injured person?

YES NO

 

**In the event of bodily injury or disease sustained by an employee, please provide employees**

(i) National Insurance Number

(ii) Occupation

(iii) Date of Birth

Pre accident earnings and details of payments made since the date of the event should be entered in the box overleaf.

### Note 1

Many accidents at work, including those which prevent people from doing their normal jobs for three or more days must be reported under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985 (RIDDOR) to HSE or the local Authority. Details are given in the RIDDOR leaflet which is available from HSE or the local Authority. If you are in any doubt, please consult your nearest HSE office (details in the telephone directory under "Health and Safety Executive")

**Pre-accident earnings of employee**

Week Ending	Gross Weekly / Monthly Pay	Income Tax Deducted	National Insurance Contributions	Any other Deductions	Net Pay

**Payments made since date of event**

Week Ending	Gross Weekly / Monthly Pay	Statutory Sick Pay	Income Tax Deducted	Any other Payments	National Insurance Contributions	Any other Deductions	Net Pay

**Particulars of damage to property**


**Declaration**

I/We declare that these particulars are true to the best of my/our knowledge and belief. I/We understand that if any part of this claim is found to be fraudulent in any respect all benefits under this policy will be forfeited and I/we may be liable to prosecution. I/We consent to Covea Insurance plc contacting my/our previous insurers, insurance intermediaries, agents or brokers to check the answers I/we have provided and I/we authorise the giving of such information.

I/We understand that my personal data will be used by Covea Insurance plc for the purposes of my insurance, which could involve passing details to agents of Covea Insurance plc, other insurers or fraud prevention agencies.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

Please print name(s) \_\_\_\_\_