Verlingue Employer's Liability Claim Form

Please complete this form and send on to your Claim Handler or the Claims Team.
The Claims Team details are as follows: Email: newclaims@verlingue.co.uk, or by telephone: 0333 010 0013

Section A	
Employers name:	
Address:	
Trade / business:	

Section B	
Employees name:	
Address:	
Telephone number:	
Date of birth:	
Job title:	
Employment status (please tick as appropriate)	
Are you an employee?	☐
Are you on a training scheme? If Yes, please provide details.	☐
Are you on work experience?	☐
Are you employed by someone else? If Yes, please provide details of the other employer.	☐
Are you self-employed and at work?	☐

Section C	
Date of incident:	
Time of incident:	
Did the incident happen at the employers address as shown above? If No, please confirm below where the incident happened:	☐
a. Elsewhere in the organisation	☐
b. At someone else's premises	☐
c. In a public place	☐

Section C	
Please give details of name, address, postcode and where it happened	
Were there any Witnesses? If Yes, please provide full names and addresses.	**Witness 1**
	Witness 2
	Witness 3

Section D	
What was the injury (e.g., fracture, laceration)?	
What part of the body was injured?	
Was the injury... (tick one box only)	
a. A fatality	☐
b. A major injury or condition	☐
c. An injury to an employee or self-employed person, which prevented them doing their normal work for more than 3 days	☐
Did the injured person (tick as appropriate)	
a. Become unconscious	☐
b. Need resuscitation	☐
c. Remain in hospital for more than 24 hours	☐
d. None of the above	☐

Section E	
About the kind of accident, tick the appropriate box and then proceed to the description. Only select the box that best describes the incident.	
Contact with moving machinery or material being machined.	☐
Hit by a moving, flying or falling object.	☐
Hit by a moving vehicle.	☐
Hit something fixed or stationary.	☐
Injured while handling, lifting or carrying.	☐
Slipped, tripped or fell on the same level.	☐
Fell from height – how high was the fall in metres.	☐
Trapped by something collapsing.	☐
Drowned or asphyxiated.	☐
Exposed to, or in contact with a harmful substance.	☐
Exposed to fire.	☐
Exposed to explosion.	☐
Contact with electricity or an electrical discharge.	☐
Injured by an animal.	☐
Physically assaulted by a person.	☐

Section F	
I/we declare that the above statements are true and correct to the best of my/our knowledge and belief. I/we agree to provide insurers with any further information as they may reasonably request. I/we understand that Verlingue Limited do not admit liability by the issue of this claim.	
Name:	
Position:	
Signature:	
Date:	