

# Verlingue Wages Form

## Section A

Name of injured party	
Name and address of employer	
Employee's name	
Employee's National Insurance Number	
Employee's date of birth	
The dates of the accident	
Absence commenced	
Return to work date	

## Section B

### Earnings during 13 weeks prior to absence

Week ending	Gross wage including overtime	Income tax	NHI contributions	Other deductions	Net pay
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
Totals					
				Net average £	

Are the above details the employee's normal average or seasonal?

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## Section C

### Payments during absence from work

Week ending	Wages if any including holiday pay	Statutory sick pay	Sick pay	Other deductions	Income tax	NHI contributions	Net pay
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
Totals							

## Section D

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	