



NEW INDIA ASSURANCE

The Issue of this form is not an admission of liability

THE NEW INDIA ASSURANCE COMPANY LIMITED (Incorporated in India with Limited Liability)

Latham House, Paradise Street
Birmingham
B1 2BJ
Telephone: 0845 3000 989

Authorised and Regulated by the Financial Services Authority
EMPLOYER'S LIABILITY CLAIM FORM

Notes: Tick boxes where appropriate.

Insured:

Full Name: _____	Policy No: _____
Address: _____	Telephone No 1: _____
_____	Telephone No 2: _____
Post Code: _____	Broker: _____
Trade or Occupation (if more than one state all) _____	
VAT: Is the insured registered as a taxable person? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If the insured is registered for V.A.T., is full remission of input tax obtained? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If only partial remission of V.A.T. is obtained, state last annual adjusted percentage of tax recoverable _____ %	

Insured Person:

Name of injured person: _____	Date of Birth: _____
Address: _____	Post Code: _____
Occupation: _____	Length of time in your direct employ: _____
Is the injured person - married / single	
Weekly wage after deducting PAYE and National Insurance Contributions:	£ _____
National Insurance Number: _____	

The Event:

Date of accident: _____	Time: _____	Place: _____
Place: _____		
Date reported: _____	To whom: _____	
Was an entry made in the Accident Book at that time? YES <input type="checkbox"/> NO <input type="checkbox"/>		
When was the accident reported to you? _____ By whom? _____		
Has the injury/disease been reported to the Health and Safety Executive or the Local Authority where required under RIDDOR? (see note 2 overleaf) YES <input type="checkbox"/> NO <input type="checkbox"/>		
Description of work on which injured person engaged: _____		

If machinery was involved, please give details of make and type: _____		
Explain fully how accident occurred: _____		

