



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: 0121 231 4055

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: _____		

Witnesses:

Names and address of witnesses of accident: _____

State nature of injury (if to limb or eye state right or left): _____

State when injured person ceased work: _____

How long do you expect the injured person to be off work?: _____

Has the injured person made a claim?: YES NO

'Yes', please give particulars (see not below)

Week Ending	No. of hours worked	Gross wage including overtime	Income Tax	National Insurance Contributions	Employees Pensions Contributions	
						Net Total
Total						

NOTE

1. **Correspondence and claims.** All communications and claims received by you concerning the incident are to be forwarded immediately without acknowledgement. New India should also be advised of any communications from the Factories Inspector or Health and Safety Executive.
2. Many accidents at work, including those which cause people not to be able to do their normal job for three or more days, must by law 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").

We declare to The New India Company Ltd. that these particulars are true and complete. I/We understand that the information given on this form may be submitted to solicitors for use in connection with any litigation arising out of this accident.

Date: _____ **Signature of Insured:** _____

Print Name: _____

Status / Position: _____

Authorised and regulated by the Insurance and Regulatory & Development authority (IRDA) of India. Authorised by the Prudential Regulation Authority. Subject to Regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request.