



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)

[Authorised and regulated by Insurance 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.]

Claims office: 8th Floor, 154 Great Charles Street

Birmingham, B3 3HN

(Telephone: 0121 231 4055 / Email: newindiaclaims@davies-group.com)

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 employment: _____
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 (location/site): _____		
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: _____		

