

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.
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nsured:		
Full Name:		Policy No:
Address:		Telephone No 1:
		Telephone No 2:
Post Code:		Broker:
Trade or Oc	cupation (if more than one state all)	
VAT:	Is the insured registered as a taxable person? YES	NO
	If the insured is registered for V.A.T., is full remission	of input tax obtained? YES NO
	If only partial remission of V.A.T. is obtained, state las	st annual adjusted percentage of tax recoverable%
nsured Per	rson:	
Name of inju		Date of Birth:
Address:		Post Code:
Occupation:		Length of time in your direct employment:
Is the injured	d person - married / single	
Weekly wag	e after deducting PAYE and National Insurance Contribu	utions: £
National Ins	surance Number:	
	ident: Time:	Place:
		To whom:
Was an entry	y made in the Accident Book at that time? YES	NO 🗌
When was t	the accident reported to you?	By whom?
Has the inju	ury/disease been reported to the Health and Safety Execu-	tive or the Local Authority where required under RIDDOR?
(see note 2		NO
If machiner	y was involved, please give details of make and type:	
Explain full	ly 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	
						-
						-
						1
						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:	