**EMPLOYER’S LIABILITY ACCIDENT REPORT FORM**

***In the event of a claim or incident, please notify your insurance broker.***

|  |
| --- |
| Policyholder Information |
| Policy Number |  | Name of Insured |  |
| Address |  |
| Contact Name |  |
| Phone number |  | Email Address |  |
|  |
| Employee Information |
| Name of Employee |  |
| Date of Birth |  | NI Number |  |
| Occupation |  |
| Address |   |
|  |
| Accident Information |
| Date of Accident |  | Time of Accident |  |
| Place of Accident |  |
| Name of Supervisor  |  |
| Nature of Injury/Disease |  |
| Date of Ceasing Work |  | Date of Returning to Work |  |
| Circumstances of accident/disease (if necessary, please continue overleaf): |  |
| If the accident/disease caused by any other party, please provide details: |  |
| **In addition to the accident description, please provide copies of:** **• Accident Book Entry • Any Statutory Health & Safety Notification • Internal investigation report • RIDDOR** |
| Completed by |
| I confirm that the information contained in this form is true and complete to the best of my knowledge. (THIS FORM MUST BE SIGNED BY A DIRECTOR.) |
| Name  |  |
| Signature |  | Date |  |

**Your insurance broker will need to pass the completed form onto Sutton Specialist Risks Ltd.**