

# Employers Liability Report Form

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## Completing the claim form

It is always important to notify your Insurer of a claim as soon as possible after an accident has occurred. Please therefore complete this form and return it to us within thirty days of the incident. We will then forward all relevant information and documentation to your Insurer.

Contact our Claims department or your Account Executive on the following numbers if you require any assistance with completing this form.

PLEASE COMPLETE ALL RELEVANT SECTIONS USING BLOCK CAPITALS. Tick the boxes and sign and date the form

## Contact Numbers

### Claims Department

Andrea Compton 0116 2999016  
Sue Hitchcock 0116 2999020

### Partners/Account Executives

Peter Turner 0116 2999005  
Perry Turner 0116 2999002  
Lee Turner 0116 2999013  
Kevin Lewis 0116 2999003  
Peter Shaw 0116 2999009

Paul Chesters 0116 2999023  
Jeff Cook 0116 2999004  
Ketan Popat 0116 2999064  
James Fogg 0116 2999015

## Third Party Correspondence

**All correspondence received from other parties relating to the incident should NOT be answered but sent to us immediately.**

## Should I make a claim?

All incidents should be advised to the Company whether or not it is your intention to make a claim against your policy.

## Complaints Procedure

We will endeavour to deal with all aspects of your insurance requirements in a professional manner. Should you not be satisfied with any aspect of our service, you should refer the matter initially to your account executive. If you remain unsatisfied, you may request that a review of your case be conducted by the partners of Turner & Co. Your complaint will be acknowledged in writing within five days and the investigation completed within fourteen days of your request and a written reply submitted to you. If you are a retail customer as defined by the Financial Services Authority and are still not satisfied you can take your complaint to the Financial Ombudsman Service. Details are available on request.

## Turner and Company

34-36 Princess Road West, Leicester. LE1 6TQ Tel: 0116 2999000 Fax: 0116 2999001 [www.turnerand.co.uk](http://www.turnerand.co.uk)  
Authorised and regulated by The Financial Services Authority

# Employers Liability Report Form



**For office use only** Turner and Co Claim Reference \_\_\_\_\_  
Insurance Company \_\_\_\_\_

## POLICYHOLDER

Name/Insured \_\_\_\_\_  
Policy number \_\_\_\_\_  
Address \_\_\_\_\_  
Postcode \_\_\_\_\_  
Business \_\_\_\_\_  
Daytime telephone number \_\_\_\_\_ Contact \_\_\_\_\_  
Fax number \_\_\_\_\_  
E-mail address \_\_\_\_\_

## ACCIDENT/INJURY

Date \_\_\_\_\_ Time \_\_\_\_\_ am/pm  
Location \_\_\_\_\_  
When was it first notified to you? \_\_\_\_\_ By whom? \_\_\_\_\_  
Has a record of the accident been made? (if YES attach copy) Yes  No   
State fully what happened (continue on a separate sheet if necessary) \_\_\_\_\_

Has any similar occurrence previously taken place? (If YES give details) Yes  No  \_\_\_\_\_

What precautions against the accident/injury had previously been taken? \_\_\_\_\_

What plant or equipment, if any, was involved? (any relevant equipment must be kept for inspection) \_\_\_\_\_

Was it properly guarded? Yes  No  Was guard in use? Yes  No

Has any Authority investigated since the event? (If YES give details) \_\_\_\_\_

Name & Addresses of all witnesses (if written statements obtained, please attach) \_\_\_\_\_

Name of Person in charge at the time \_\_\_\_\_

If an Accident was caused by a person **not** in your employ, state their and their employers' name and address \_\_\_\_\_

Name & Place of any hospital to which injured person taken \_\_\_\_\_

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# Employers Liability Loss of Earnings Form

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Employer \_\_\_\_\_  
Employee \_\_\_\_\_  
Policy Number \_\_\_\_\_  
Accident Date \_\_\_\_\_  
Date ceased work following accident \_\_\_\_\_  
Date returned to work following recovery \_\_\_\_\_

## EMPLOYEES WAGE DETAILS

Please give details of injured employees earnings for thirteen weeks prior to the accident

Week Ending	Gross Pay	Income Tax	NI Contributions	Supplements	Net Pay after tax & NI

Please give details of any payments made to the employee since the accident

Wages (net) £ \_\_\_\_\_  
Statutory sick pay £ \_\_\_\_\_  
Other Payments (give details) £ \_\_\_\_\_

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