Employers' Liability Claim Form

towergate underwriting

Please complete all sections clearly

A. The Insured

1. Insured	

2. Policy Number		3. Renewal Date	/ /

4. Telephone Number	

5. Address 6. Postcode	

7. Occupation	

B. Claim Details

1. Injured Employee	

2. N.I. Number		3. Date of Birth	/ /

4. Address 5. Postcode	

6. Occupation	

7. Marital Status		8. Is he/she a direct employee	Yes / No

9. When did he/she commence employment	/ /	10. Was he/she performing normal duties	Yes / No

C. The Incident

1. Date of incident	/ /	2. Time of incident	

3. Where did the incident occur	

4. Circumstances of accident	

5. Witness	

6. Injuries Sustained	

7. Did he/she cease work	Yes / No	8. If so, when and have they returned	From / / To / /

9. Is he/she now performing normal work duties	Yes / No

10. To whom was the incident reported, name of Supervisor	

11. In your view, who was to blame for the incident	
12. Why	

13. Has any claim been made to date	Yes / No

D. Declaration

I/We declare that these particulars are true to the best of my/our knowledge

Signature	
Print Name	
Date	

N.B. In the event of fatal or serious injury occurring immedite advice is required by telephone to Towergate Underwriting Liability and Construction.

Claims Department Contact Details:
Towergate Underwriting Liability & Construction
Towergate House, 20 Ellerbeck Court
Stokesley
North Yorkshire, TS9 5PT
Tel: **0845 070 1694** Fax: **0845 070 1690**
E-mail: **TULaCClaims@towergate.co.uk**

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