



EMPLOYER'S NOTICE OF INJURY FORM

EMPLOYER

Address

Nature of Business

Tel. No Site Tel. No. (Where Applicable)

EMPLOYEE (Name in Full)

Address (in full)

Usual Occupation

Single or Married Is he or she in your direct employ?

If not state the name and address of Sub-Contractor

State date he/she entered your employ M.N.I. No.

ACCIDENT Date Time ^{A.M.}/_{P.M.} Place

To whom reported When reported: Date time ^{A.M.}/_{P.M.}
i.e. Dept or Site

On what work was the employee
Engaged at time of accident?

Was the injured person performing a
Duty for which he/she was employed?

Was the accident due to any breakdown or
Defect in ways, works, machinery or plant?

Who was in charge
At time of accident? In what capacity

Describe fully how the accident occurred

If accident was caused by machinery
Describe type and make

If thought necessary, a rough sketch or diagram overleaf would be helpful.

INJURIES Nature and extent

Date employee ceased work Estimated period of incapacity

If taken to hospital, state name and
Address thereof and whether detained

WITNESSES Give names and addresses

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EARNINGS

Give a list of earnings of the injured person during the 3 months prior to the date of the accident below.

NOTE: This information is only required when injured person is likely to be totally incapacitated for a period in excess of 14 days.

DateEmployer's Signature.....

Title of person signing this form

NOTE: This form is issued to enable Underwriters to deal with any claim which might arise, and it is therefore essential that the questions asked be fully and accurately answered.

Week Ending	1. Gross Wage £	2. Net Wage £	3. Subsistence or Lodging allowance if any £
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

NOTES: Wages given should not include allowances entered into column 3

SKETCH (if applicable)