

Employers Liability Report Form



Important note: This form should be filled out by a senior official within the organisation in consultation with the employee. Please complete in BLOCK CAPITALS or on-line save and print.

1. Policyholder Details

Policyholder Name:

Employee Name:

Date of Birth:

Employee Address:

Contact Telephone No:

Occupation/Job Title:

Length of Service:

2. Accident Details

Location:

GPS Co-ordinates:

Latitude

Longitude

(decimal degrees)

Date:

Time:

Please describe exactly what happened:

Was the accident location inspected following the accident? Yes No

If 'Yes', by whom:

If 'Yes', please give the outcome of the inspection:

Name and Address of any witness(es):

If witness statements are available please attach with this report form.

When did the employee report the injury and to whom was it reported?

What injuries has the employee sustained?

Was medical treatment required? Yes No

If 'Yes', please tick if employee attended: GP A&E

Please provide address:

Is the employee out of work? Yes No

How long will the employee be unfit to work?

Incurred loss of earnings to date: Yes No

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3. Declaration

IPB Insurance is classified as a Data Controller under Irish Data Protection Legislation. The information you provide to us as part of your claim application will be processed by us to confirm your identity, process your application and to record and cross reference particulars of your claim in insurance industry databases for fraud prevention purposes. This may involve exchanging information with Insurance Link, the anti-fraud claims database run by the Irish Insurance Federation. In certain cases we may also share your information with other insurance providers and private investigators.

I/We hereby declare that the statements on this form and the information provided in addition are true and complete, to the best of my/our knowledge and belief.

Signature

Date

Please return completed form to:

The Claims Department

IPB Insurance

1 Grand Canal Square, Grand Canal Harbour, Dublin D02 P820, Ireland.

Tel: +353 1 639 5500 Fax: +353 1 639 5540 Email: claims@ipb.ie Web: www.ipb.ie

Reg. No. 7532 Republic of Ireland.

IPB Insurance CLG, trading as IPB Insurance, is regulated by the Central Bank of Ireland.



QUALITY
ISO 9001:2008
NSAI Certified