

Northern Ireland 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:
(including postcode)

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 £

3. Declaration

IPB Insurance is registered as a data controller with the Office of the Data Protection Commissioner Ireland and the Information Commissioners Office UK. IPB Insurance is required to comply with the Data Protection Acts 1988 (as amended by the Data Protection Act 2003) (Ireland), the Data Protection Act 1998 (UK), the Privacy and Electronic Communications Regulations 2003 (UK) and the Data Protection Code of Practice for the Insurance Sector in Ireland. Further information can be obtained at www.dataprotection.ie or www.ico.org.uk. The information you provide to us as part of your claim application will be processed by us to confirm your identity, process and administer 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 the Claims and Underwriting Exchange (CUE) which is maintained by insurance companies under the aegis of Insurance Database Services Limited. In certain cases we may also share your information with other insurance providers/ intermediaries, regulatory bodies and private investigators. We may also need to obtain and hold personal sensitive information (e.g. information relating to your health or any relevant convictions) in order to administer this claim. By signing this form, I consent to the processing of the information provided for the purposes of administering this claim and for fraud prevention purposes.

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

For business in the UK, IPB Insurance is authorised by the Central Bank of Ireland and subject to limited regulation by the Financial Conduct Authority

