# Northern Ireland Employers Liability Report Form

EL NR IRL 05 2018

**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. Data Protection Notice

IPB Insurance (IPB) is committed to protecting your personal information. IPB Insurance is a data controller and is required to comply with the Data Protection Acts and the General Data Protection Regulation. The information that you provide ('data') will be used for the administration of your policy and/or any claims made on the policy. Data is at all times treated as confidential and the appropriate measures are taken to ensure it is secure. A copy of our Data Protection Notice can be found on our website www.ipb.ie. The notice explains why we collect and use your data, who we share your data with, your data protection rights, how long we retain your data for, where your data is located and what to do if you have any data protection complaints. If you would like to receive a copy of the Data Protection Notice you can email dpo@ipb.ie or write to IPB Insurance, 1 Grand Canal Square, Grand Canal Harbour, Dublin D02 P820.

## 4. Declaration

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