

Senior Wright Ltd

BOUNDARY HOUSE, 7-17 JEWRY STREET, LONDON EC3N 2EX

REPORT OF EMPLOYER'S LIABILITY ACCIDENT

If the accident is fatal telephone immediately informing us when and where the inquest is to be held
Please complete and return to the issuing office immediately and enclose a copy of the
Accident Register entry, plus additional requested documentation.

EMPLOYER'S DETAILS

Name of Employer	<input type="text"/>	Policy No.	<input type="text"/>
Address	<input type="text"/>	Claim No.	<input type="text"/>
	<input type="text"/>	Tel. No.	<input type="text"/>
In connection with what trade or business did you employ the injured person? <input type="text"/>			
Contact Name and Telephone No. <input type="text"/>			

THE INJURED EMPLOYEE

Name	<input type="text"/>	D.O.B.	<input type="text"/>
Marital Status	<input type="text"/>	Occupation	<input type="text"/>
Address <input type="text"/>			
Was he/she a servant in your direct employ? YES/NO If no, give name of injured person's employer <input type="text"/>			
Please state his/her weekly wages or salary £ <input type="text"/> and weekly value of any allowances, such as board £ <input type="text"/>			

THE ACCIDENT (IF FATAL/SERIOUS INJURY TELEPHONE COMPANY IMMEDIATELY)

Date of accident	<input type="text"/>	Time	<input type="text"/>	am/pm	Date the injured person ceased work	<input type="text"/>
Date returned to work	<input type="text"/>	Did it happen on your premises YES/NO		If 'No' please give address & Tel.No.		
Address		<input type="text"/>	Tel.No		<input type="text"/>	
Describe nature of work in progress <input type="text"/>						
Describe fully how the accident happened and whether any machinery was in use in connection with the work and if alleged to be due to any defect in the machinery plant or equipment. (Defective plant or machinery should be preserved in position pending our inspection). Please continue overleaf supplying any sketch plans and photographs where applicable <input type="text"/> <input type="text"/> <input type="text"/>						
Was he/she at the time doing the work he/she was authorised to do? YES/NO Was he/she under the influence of alcohol? YES/NO						
In your opinion, was the accident caused by negligence of any other employees? YES/NO						
Whose fault was it and why? <input type="text"/>						
Did the accident arise out of work being carried out under contract? YES/NO						
Did the Health and Safety Executive investigate the accident YES/NO						
(a) If yes, please detail below the outcome and confirm any recommendations made and provide a copy of the report compiled. <input type="text"/> <input type="text"/>						
(b) Was there any warning of possible intended action/prosecution? YES/NO If yes, please detail below: Also please provide a copy of the accident book entry and a copy of H.M.FACTORY INSPECTORATE form, F2508 (Report of injury or dangerous occurrence) <input type="text"/> <input type="text"/> <input type="text"/>						

Give name and addresses of all witnesses

Give the date when first reported and to whom

Date Name

THE INJURY

Nature and extent of injury

Has any claim been made upon you? YES/NO If yes, state whether verbal or in writing

Has any injured person applied for state benefit? YES/NO

If YES forward copy B176 (D.S.S. Statement of Facts/Injury)

PRE-ACCIDENT WAGE DETAILS

EMPLOYEE NATIONAL INSURANCE NO.

PLEASE COMPLETE AND FILL IN THE TOTALS

TAX REPAYMENTS TO BE SHOWN IN RED

WEEK ENDING	GROSS EARNINGS		INCOME TAX		EMPLOYEES N.H.I. CONTRIBUTIONS INC GRAD PENS		NET EARNINGS		Please also complete the following
	£	P	£	P	£	P	£	P	
									Pre-Accident Basic Rate
									Post Accident Changes in Basic Rate
									Average Weekly Net Wage
									Signature
									Employer

Continuation of Circumstances of accident:-

I/We hereby declare the foregoing particulars to be correct in all respects

Signature of Employer Date

Status