

Accident to Employee Form

Allianz Insurance plc | Claims



Ref No (Please insert)

Please complete and return this form to:

Address Stamp of Issuing Office

This report is made in the bona fide belief that litigation may ensue and to enable the Employer's Representatives, Solicitors and/or Agents to conduct and advise in relation to such litigation

Policy Holder (Please insert)

Name of insured	<input type="text"/>	Policy Number	<input type="text"/>
Address	<input type="text"/>		Postcode <input type="text"/>
Business	<input type="text"/>	Tel.No	<input type="text"/>
Are you registered under the VAT regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If Yes please give details	<input type="text"/>		

Employee Details (Please insert)

Name of Employee	<input type="text"/>	Date of Birth	<input type="text"/>	Age	<input type="text"/>
Occupation	<input type="text"/>	Staff Number	<input type="text"/>		
Address	<input type="text"/>			Postcode	<input type="text"/>
Is he/she in your direct employment	<input type="text"/>	National Insurance No.	<input type="text"/>		
How long has he/she been in your employment	<input type="text"/>	Average net weekly wage	<input type="text"/>		

Details of Accident (Please insert)

Date Time Place

Describe what the employee was doing and how the accident happened

Details of Accident

(Continued)

Nature and extent of injury/disability

Has the accident been reported to the Health and Safety Executive?

Yes No

Have they carried out an investigation?

Yes No

Has the Employee resumed work?

Yes No

If so, when?

If not, what is the expected duration of the incapacity?

To whom and when did the Employee report the accident?

Witnesses

Give names and addresses

Data Protection Notification

We may use personal and business details you give us, or which are supplied by third parties, to consider your claim, to search the files of credit reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EU. They will at all times be held securely and handled with the utmost care in accordance with all principles of UK law. We will store such personal details on computer but will not keep them for longer than necessary. Under terms of the Data Protection Act 1998, individuals are entitled to a copy of all the information we hold about them.

VERY IMPORTANT – FRAUDULENT AND EXAGGERATED CLAIMS Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is **true and correct** to the best of your knowledge and belief, and that all material facts have been disclosed.

A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of your policy.

If you are in any doubt as to whether a fact is material, **you must disclose it.**

FAILURE TO DO THIS MAY MEAN THAT YOUR POLICY BECOMES INVALID AND A CLAIM PAYMENT WILL NOT BE MADE.

Employer's Signature

Date