

EMPLOYERS' LIABILITY INCIDENT REPORT FORM

ECA Court 24-26 South Park
Sevenoaks Kent TN13 1DU
0330 221 0250
ecic@ecinsurance.co.uk
www.ecic.co.uk

Please complete and return to ECIC immediately.

If the incident involves a fatality, immediate notification by telephone of the location and date of the inquest is required.

Insured's Name	<input style="width: 95%;" type="text"/>	ECIC Policy No:
Address	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Trade or Occupation	<input style="width: 95%;" type="text"/>	

THE INJURED EMPLOYEE

1.	Name	<input style="width: 95%;" type="text"/>	3. Age	<input style="width: 95%;" type="text"/>	YEARS
2.	Address	<input style="width: 95%;" type="text"/>	4. Married	<input type="checkbox"/>	Single <input type="checkbox"/>
5.	For what trade were they employed?		<input style="width: 95%;" type="text"/>		
6.	Were they a servant in your direct employ?		YES	<input type="checkbox"/>	NO <input type="checkbox"/>
7.	What was their weekly wage or salary including all allowances?		£	<input style="width: 95%;" type="text"/>	PW

THE INCIDENT

1.	Date and time of incident	<input style="width: 95%;" type="text"/>	3.	Date the injured person ceased work	<input style="width: 95%;" type="text"/>
2.	Date first reported	<input style="width: 95%;" type="text"/>	4.	To whom was the incident reported?	<input style="width: 95%;" type="text"/>
5.	Did the incident occur on your premises?		YES	<input type="checkbox"/>	NO <input type="checkbox"/>
If "NO", please provide the address of the premises at which it occurred:					
<input style="width: 95%; height: 40px;" type="text"/>					
6.	Describe the nature of the work in progress at the time of the incident:				
<input style="width: 95%; height: 40px;" type="text"/>					
7.	Describe fully how the incident happened:				
Note: Include details of any plant, machinery or equipment that may have contributed to the incident (See Note A).					
<input style="width: 95%; height: 60px;" type="text"/>					



8. At the time of the incident was the injured person:
- a) undertaking work they were authorised to do? YES NO
- b) free from the effects of alcohol or drugs? YES NO

9. Who do you think was at fault?

10. Please provide the names and addresses of all witnesses:

THE INJURY

1. Please describe the nature and extent of the injury sustained:

2. Has any claim be made or intimated against you (See Note B)? YES NO
 If "YES", please attach copies of any written claim or notification of intention to claim.

3. To your knowledge, has the injured person applied for state benefit? YES NO

NOTES

- A** Any plant, machinery or equipment involved in the incident must be taken out of use immediately and stored in a safe place. Any broken parts must be retained. The items involved must not be used until ECIC has confirmed that it is acceptable to do so.
- B** Any communication or document received in connection with the incident must be sent to ECIC unanswered and without delay. In accordance with policy terms and conditions, you must not make any admission of liability or offer of settlement.

DECLARATION

I/We declare that to the best of my/our knowledge and belief the statements and particulars supplied by me/us or on my/our behalf in this Incident Report Form are true and complete

Insured's Authorised Signatory

Date

Position of Authorised Signatory

IMPORTANT:

The attached Twenty Six Week Income Statement must be completed and submitted with this Incident Report Form.

