



## Liability Incident Report Form

**Note:** Please use separate sheet(s) of paper to respond to questions if there is insufficient space on the form

### A: Policyholder

Name:
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Address:	Postcode	Tel No:
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Contact Name:	Tel No:
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Business:
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Are you registered for VAT? Yes  No

If 'YES', state rating (full, partial, exempt)
% if partial

### B: Incident

Date and Time:
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Place:
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Circumstances - What happened and what was the cause?
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Please carefully preserve any broken parts of machinery, plant, equipment, tool, or other relevant item involved in the incident

### Witnesses

Name and Address:	Where was witness at time of incident?	Relationship to Injured Party/Property Owner

To whom was the incident first reported and when?
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**C: Employee Details**

Name/Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

National Insurance Number: \_\_\_\_\_

Full or Part Time: \_\_\_\_\_

Nature of Employee's job: \_\_\_\_\_

How long has Employee been with company? \_\_\_\_\_

How long has the Employee held this position? \_\_\_\_\_

Has the Employee been absent from work as a result of the incident? Yes  No

If 'YES', give dates of absence  
From \_\_\_\_\_ To \_\_\_\_\_

Give details of employee's net weekly wage £ \_\_\_\_\_ pw or net monthly salary £ \_\_\_\_\_ pm

Give details of company sick pay due weekly £ \_\_\_\_\_ pw or monthly £ \_\_\_\_\_ pm

Please provide details of any bonus scheme applicable  
\_\_\_\_\_

If after result of the accident lighter duties are now undertaken or offered, please provide details  
\_\_\_\_\_

\* See separate Return of Wages Absence and Sickness Form for more detailed information.

Have you completed H.S.E. Form 'Report of Injury or Dangerous Occurrence'?  
If 'Yes', please enclose a copy Yes  No

Have you completed H.S.E. Form 'Report of a Case of Disease'?  
If 'Yes', please enclose a copy Yes  No

**PLEASE ENCLOSE COPY OF RELEVANT ACCIDENT BOOK ENTRY**

Did employee receive any first aid or other treatment? Yes  No

If 'Yes', please give details of what treatment was administered, and by whom  
\_\_\_\_\_

**D: Injuries/Damage/Disease**

Give whatever details you can about the extent and nature of the injury/damage/disease  
\_\_\_\_\_

Give name(s) and address(es) or person(s) injured or whose property was damaged  
\_\_\_\_\_

**E: Claim**

Has any claim been made by, or on behalf of, the Third Party/Employee? If so, give date of claim, by whom and whether written or verbal, together with details of the nature of the damage, loss or injury, (If not stated above).

ANY LETTER OR DOCUMENT YOU RECEIVE SHOULD BE PASSED TO US IMMEDIATELY AND UNANSWERED.

**F: DECLARATION**

I/We hereby declare that the information given is true to the best of my/our knowledge and belief

Signature

Date

Print Name

Position/Job Title

**Please return the completed form to:-**

**E-mail**            [Insurance@aips.co.uk](mailto:Insurance@aips.co.uk)

**Fax:**                01623 663119

**Post:**              **AIPS LTD**  
**363 Nottingham Road**  
**Mansfield**  
**Notts**  
**NG18 4SG**