

Employers' Liability Claims Form

To complete this form, fill in the designated highlighted fields. Please ensure you save the form to your computer. You can then either print it and return it to your broker by post/fax or email the electronic version. Alternatively send the form directly to: Travelers Insurance Designated Activity Company. Third Floor, Block 8, Harcourt Centre, Charlotte Way, Dublin 2, Ireland, Tel: 01 609 5600 Fax: 01 609 5640 Email: ieclaims@travelers.com

DATA PROTECTION: We share and exchange all claims information with the Insurance Link database, run by the Irish Insurance Federation. The aim is to help us check information and prevent fraudulent claims. When you tell us about an incident, we will pass information about it to the register. For further information - [click here](#) to email the Compliance Manager at Travelers Insurance.

Broker

Policy Number

The issue of this form is not an admission of liability on the part of the company

INSURED (Please answer every question fully; failure to do so will result in delay. Please write in block capitals.)

Title

First Name(s)

Surname

Address

Telephone Number

Fax Number

Email

Are you registered for VAT?

Yes No

Are there any other insurances covering this incident?

Yes No

If 'Yes', give details

CIRCUMSTANCES

Date

Time

Place

State fully what happened to CAUSE the injury or damage

When was the occurrence first reported to you?

By whom?

What plant or equipment, if any, caused the occurrence?

ANY plant, machinery or equipment involved in the occurrence must be kept in a safe place.
Any damaged parts must not be disposed of and no adjustment should be made to any relevant plant, machinery or equipment without the company's consent.

Have you completed any statutory form in connection with the occurrence?

Yes No

If 'Yes', give details

Names, addresses and telephone numbers of witnesses

Name	Address	Telephone Number

CLAIMANT

Title First Name(s) Surname

Address

Date of Birth Marital Status Department Length of Service

Occupation PPS Number

State nature and extent of injury or damage

Has employee returned to work? Yes No

If 'Yes', please state date of return? If 'No', state expected date of return?

Is the injured person in your direct employment? Yes No

If 'No', give name and address of employer

Average net weekly/monthly earnings pCw/CpCm Average number of hours worked per week

Did he/she have any physical defects or relevant medical history before the occurrence? Yes No

If 'Yes', please give details

What exactly was the injured person doing at the time of the occurrence ?

Was such work in the normal course of employment of the injured person ? Yes No

Was the injured person taken to hospital? Yes No

If 'Yes', please give details

CLAIM

Has any claim been made against you? Yes No

(I) Any communication or document received in connection with the occurrence must be forwarded to the company unanswered and without delay.
(II) In accordance with the general policy conditions no offer of payment or admission of liability must be made by you or any other person offer indemnity under the policy.

DECLARATION

I/We declare that the foregoing particulars are true to the best of my/our knowledge and belief. I/We authorise the Company to make such admissions on my/our behalf as it deems appropriate and I/we agree to render to the Company all assistance in the investigation of the claim. I/We further agree to provide such assistance as may be necessary in pursuing recovery of any outlay.

Signature of the Proposer

I am an authorised signatory and by submitting this proposal in electronic form, acknowledge such as if having signed it

Date

Status of Signatory

Please return your completed claims form to your broker or to:
Third Floor, Block 8, Harcourt Centre, Charlotte Way, Dublin 2, Ireland'
Tel: +353 (0) 1 609 5600 Fax: +353 (0) 1 609 5640 Email: ieclaims@travelers.com

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Travelers operates through several underwriting entities through the UK and across Europe. Please consult your policy documentation or visit the websites below for full information.