



Doulton Underwriting Agents Ltd

Employers Liability Report Form

Policy No.....

Insured.....

Trading Name.....

Address.....

.....Postcode.....

Telephone number: Business..... Private.....

Business / Occupation.....

Injured Employee.....

Address.....

Date of birth..... National Insurance Number.....

Occupation.....

Is he/she in your direct employment Yes No Married Single

When did he/she commence employment

Was he/she performing normal duties Yes No

Date and time of accident

Where did the accident occur.....

.....

Circumstances of accident.....

.....

Give details of injury/damage

.....

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Witnesses:.....

.....

.....

Who, in your opinion was to blame for the accident

Why.....

.....

Did he/she cease work Yes No If yes, when.....

Has he/she returned to work Yes No If yes, when.....

Is he/she performing normal duties Yes No

Has any claim been made to date Yes No

Signature of Insured..... Position held.....

Date.....