

CHARTIS EUROPE LIMITED

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EMPLOYERS LIABILITY ACCIDENT FORM

This form must be completed by the policyholder and not by the injured employee. No inspection of any plant premises, of machinery other than the government officials should be permitted without the consent of Chartis Europe Limited. Any evidence, or equipment which may be useful in asserting liability, should be carefully preserved. Any third party correspondence received should be forwarded to us immediately.

**1. EMPLOYER**

Name of Employer _____ Policy Number _____
 Address _____ Date of Payment of Last Premium _____
 _____ VAT Registered: Yes No
 Business _____ Telephone Number: _____

2. INJURED PERSON

Name of Injured Person _____ Married Single Age _____
 Address _____ Occupation _____
 _____ RSI No: _____
 State whether the injured person was in your direct employment or in the service of another employer? _____
 Was the injured person's employment casual or regular
 If casual, state how often employed and last period commenced? _____
 If regular, how long has he/she been employed by you prior to the accident? _____
 Did the employee undergo a Medical Examination on joining your firm? Yes No If so by whom? _____
 Has the employee, to your knowledge, been involved in any previous accidents, in the course of his employment or outside his employment?
 If so please detail _____

3. PARTICULARS OF ACCIDENT

State the date and time of accident: Date / / Time : ^{AM} / ^{PM}
 State the name of place where accident occurred
 State the date on which the injured person ceased work: Date / / State the date on which the accident was reported Date: / /
 On what work was the employee engaged at the time of the accident?
 Was the accident sustained: while the employee was working on machinery? Yes No If so, specify the type of machine
 Was the employee performing part of his/her duties at the time? Yes No
 As a result of any defect in the premises? Yes No As a result of the negligence of a fellow employee Yes No
 Detail: _____ Detail: _____
 Was the injured employee guilty of any misconduct or disobedience of orders? If so give particulars: _____
 Furnish names, occupations and addresses of witnesses of the accident: _____ Furnish any further information in your possession bearing on accident: _____

4. INJURIES SUSTAINED

State fully the nature and extent of injuries _____
 Was the employee taken to hospital Yes No Which Hospital _____
 If taken to hospital, as an in patient or as an out patient Discharge Date _____
 If taken home, give the name and address of the doctor attending _____
 Is the employee being paid while absent from work? _____ If so, how much and for how long will this payment continue? _____
 State how many employees are in your service _____ The amount of annual cash wages paid to them _____

Chartis Europe Limited is classified as a "Data Controller" under Irish Data Protection Legislation. By providing your Personal Information to Chartis or Personal Information regarding other individuals you represent that you have the authority to do so and consent to the collection and processing (including the disclosure and international transfer) of this Personal Information as stated in the Privacy Policy which is available at www.chartisinsurance.com/ie, by e-mailing postmaster.ie@chartisinsurance.com or by writing to the Data Protection Officer at Chartis Europe Limited, Ireland Branch, Chartis House, Merrion Road, Dublin 4.

IMPORTANT for your protection, please note that your policy provides that the employer shall not, without the consent in writing of the insurers, make any payment, settlement or arrangement in respect of any claim arising from injury to an employee, nor shall the employer without the like consent, make any admission of liability in respect of any such claim.

I/We declare the foregoing particulars to be true in every respect.

Employers Signature _____ Date _____

