

Witness Details**Give details of any person who witnessed the incident**

| Name | Address | Where was witness at time of incident | Relationship to injured party or property owner |
|------|---------|---------------------------------------|---|
| | | | |

Employee Details**Complete this section if an employee is injured**

| | | | |
|---|--|--|-----------|
| Name of employee | | Date of Birth | |
| Address | | National Insurance Number | |
| | | Is employee full time or part time | |
| Nature of employee's job | | How long has employee held this position | |
| How long has employee been with company | | | |
| Has employee been absent from work as a result of the incident | | | |
| If "yes" give dates of absence | | From | To |
| Give details of employee's net weekly wage | | £ | per week |
| or net monthly salary | | £ | per month |
| Give details of company sick pay due weekly | | £ | per week |
| or monthly | | £ | per month |
| Have you completed HSE form "Report of Injury or Dangerous Occurrence" | | | Yes / No |
| If "yes" please enclose a copy | | | |
| Have you completed HSE form "Report of a Case of Disease" | | | Yes / No |
| If "yes" please enclose a copy | | | |
| Was entry made in Accident Book | | | Yes / No |
| If "yes" please enclose a copy | | | |
| Did employee receive any first aid or other treatment | | | Yes / No |
| If "yes" please give details of what treatment was administered and by whom | | | |
| | | | |

Details of Injury / Damage / Disease

| |
|---|
| Give whatever details you can about the extent and nature of the injury / damage or disease |
| |

Third Party Details

Complete this section if the person injured was not an employee or where a person’s property has been damaged

| | |
|----------------|--|
| Name of person | |
| Address | |
| | |
| | |
| | |

Claim

Any letter or document you receive from an employee or third party should not be answered. It should be passed to us immediately.

| | |
|---|----------|
| Has any claim been made by, or on behalf of the employee or third party | Yes / No |
| If “yes” | |
| What date was the claim made | |
| Who made the claim | |
| Was it a written or verbal claim | |

Declaration

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

| | | | |
|------------|--|----------------------|--|
| Signature | | Date | |
| Print name | | Position / Job title | |

Documentation which may be required following notification of a claim :-

General :-

Internal accident and investigation reports

Witness statements

Sketch plan of accident / incident location

Photographs of the area affected / machine / injury

Risk assessments

If the incident involved a machine or piece of equipment :-

Machine instruction manual or operational guide

Maintenance and inspection records

Routine servicing records

Medical records :-

Accident & Emergency record

First aiders report

Additionally if the incident was an injury to an employee :-

HSE RIDDOR form (F2508 or F2508A)

Wage details

Contract of employment

Training records

Foreman / Supervisor's accident report

Occupational health records

Sickness / absence records (including copies of sick notes)

Previous complaint records

Personnel file (appraisals)

Proof of safety / procedure equipment supplied and / or in use