

# Personal accident claim form



## Your details

Name	Policy number (referring to)
<input type="text"/>	<input type="text"/>
Address	
<input type="text"/>	
Postcode	Telephone number
<input type="text"/>	<input type="text"/>
Policy start date	
<input type="text"/>	

## Incident

Date	Time
<input type="text"/>	<input type="text"/>
Location	
<input type="text"/>	
Full description of incident	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
<input type="text"/>	
	please continue on the back if required...
Name of injured person	Injured person
<input type="text"/>	<input type="text"/>
	Service user / Carer / Both
What task was the employee carrying out at the time of the incident?	
<input type="text"/>	
Nature and extent of injury/disability	
<input type="text"/>	
Did the injured person go to hospital? If yes, provide hospital name and address overleaf	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
To whom was the incident reported?	Date/time incident reported
<input type="text"/>	<input type="text"/>

## Carer / Employee

Name
<input type="text"/>
Address
<input type="text"/>

## Witnesses' details

Name

Address

## Witnesses details (continued)

Witness statement of events


please continue below if required...

## Hospital Details

Name of attending doctor / physician

Name of hospital where treated

Address of hospital

Date admitted


Please use the back of this claim form or another additional sheet of paper to provide further details into any of our sections.

I/We hereby authorize Mark Bates Ltd or any other individual/agency engaged by Mark Bates Ltd to obtain all medical records pertaining to the above patient available with any hospital/doctor. The insurance company or their representatives or any other authorized agency engaged by them may be allowed access & possession of medical records pertaining to the above patient. The necessary charges will be borne by Mark Bates Ltd or their authorized agency.

I/We agree to provide additional information to the company, if required. I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if I/We have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suggestion or any suppression or concealment, the policy shall be void and all the rights to recover there under in respect of past or future claims shall be forfeited.

Signature of insured/assignee

Date

**Mark Bates Ltd, Premier House, Harlaxton Road, Grantham, Lincolnshire NG31 7JX.**

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**[www.home-employment-insurance.info](http://www.home-employment-insurance.info)**

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