

## AIG 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 government officials should be permitted without the consent of AIG 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 \_\_\_\_\_  
Business \_\_\_\_\_ VAT Registered: Yes  No   
Telephone Number: \_\_\_\_\_  
E-mail \_\_\_\_\_

### 2. INJURED PERSON

Name of Injured Person \_\_\_\_\_ Married  Single  Age \_\_\_\_\_  
Address \_\_\_\_\_ Occupation \_\_\_\_\_

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 :   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

Was the accident as a result of any defect in the premises? Yes  No  As a result of the negligence of a fellow employee Yes  No

Detail: \_\_\_\_\_

Was the injured employee guilty of any misconduct or disobedience of orders? If so give particulars: \_\_\_\_\_

Furnish names, occupations and addresses of witnesses to the accident: Furnish any further information in your possession with bearing on the 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? Yes  No  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 \_\_\_\_\_

AIG Europe Limited is classified as a "Data Controller" under Irish Data Protection Legislation. By providing your Personal Information to AIG 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.aig.ie](http://www.aig.ie), by e-mailing [postmaster.ie@aig.com](mailto:postmaster.ie@aig.com) or by writing to the Data Protection Officer at AIG Europe Limited, Ireland Branch, 30 North Wall Quay, International Financial Services Centre, Dublin 1.

**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 \_\_\_\_\_

