



Employers' Liability Claim Form

Policy No: Claim No:

Intermediary:

Insured's Details

Name of Insured: I.D. Card/Co. Reg. No:

Address:

Tel/Mobile No(s): E-mail:

Trade or Occupation (if more than one state all):

Employee's Details

Name: I.D. Card No:

Postal Address:

Tel/Mobile (s): E-mail:

Occupation: Age: Status: Married Single

How long has he/she been in your direct employ?

Gross weekly wage: Weekly social security payments:

Date of accident: Time: a.m./p.m.

Place:

Date reported: To whom:

Was an entry made in the Accident Book at that time?

Description of work on which injured person was engaged:

If machinery was involved, please give details of make, type and manufacture:

Explain fully how the accident occurred:

Names and addresses of witnesses of the accident:

State nature of injury (if limb or eye state right or left):

Date when injured person ceased work

How long do you expect the employee to be off work?

Has the injured person made a claim?
If so, please give particulars (See Note 1. below)

Any other comments:

Data Protection Notice

The Company (Atlas Insurance PCC Limited) implements strict controls over all electronic and manual personal data. All data will be treated with the utmost confidentiality. Processing of personal data will relate to the underwriting/endorsing of this policy; processing of claims; detecting, preventing and suppressing fraud and the keeping of statistics. The Company may exchange certain information with your broker, sub-agent, appointed experts, other insurers or the Malta Insurance Association for these purposes. You may also request access to and rectification of your personal data by writing to Atlas Insurance PCC Limited.

NOTE:

1. No claim can be admitted unless the attached **Medical Certificate** is completed and returned to our offices.
2. **Correspondence and claims.** All communications and claims received by you concerning the incident are to be forwarded immediately to Atlas without acknowledgement to the sender.

Signature of Insured: _____

Date: _____

Name (in BLOCK Letters): _____