This is a formal claim against you, which must be acknowledged by email immediately and passed to your insurer.

Claim notification form (ELD1)

Low value personal injury claims in employers' liability - disease (£1,000 - £25,000)

Before filling in this form you are enco	uraged to seek independent legal advice.
Date sent / / /	
Items marked with (*) are optional and the claimant mu All other boxes on the form are mandatory and must be	
What is the value of your claim? up to £10,000	up to £25,000
Please tick here if you are not legally represented?	If you are not legally represented please put your details in the claimant's representative section.
Claimant's representative - contact details	Defendant's details
Name	Defendant's name
Address	Defendant's address*
Postcode	Postcode
Contact name	Policy number reference (If not known insert not known)
Telephone number	Insurer/Compensator name (if known)
E-mail address	
Reference number	

Section A — Claimant's details Mr. Mrs. Ms. Date of birth Miss Other Claimant's name Is this a child claim? Yes No National Insurance number Address If the claimant does not have a National Insurance number, please explain why Postcode Period(s) of exposure (Please be as accurate as possible) Occupation Period(s) of employment (Please be as accurate as possible) **Section B** — Disease and medical details Deafness 1.1 What type of disease was suffered? Respiratory Vibration injury **Dermatitis** Other 1.2 Please provide a further brief description of the disease suffered 1.3 Has the claimant had to take any time off work as No Yes a result of the disease? 1.4 Is the claimant still off work? Yes No If No, how many days in total was the claimant off work? 1.5 Has the claimant sought any medical attention? Yes No If Yes, on what date did they first do so?

If Yes, please provide details of the hospital(s) attended	
1.7 If hospital was attended, was the claimant detained overnight? Yes No	
If Yes, how many days were they detained?	
Section C — Rehabilitation	
2.1 Has a medical professional recommended the claimant should undertake any rehabilitation? Yes No M	ledical professional not seen
If Yes, please provide brief details of the rehabilitation treatment recommended and any treatment provided including name of provider	
2.2 Are you aware of any rehabilitation needs that the claimant has arising out of the disease suffered? Yes No	
If Yes, please provide full details	
Section D — Exposure location and description	
3.1 Where did the exposure take place?	

3.2	In what circumstances did the exposure take place? e.g. excessive use of a keyboard, chemical/irritant exposure, use of hand grinder, exposure to loud machinery				
3.3	Was the exposure reported? Yes No Not known				
	If Yes, please confirm the date of the report and to whom it was reported (if known)				
Se	ction E — Liability				
4.1	Why does the claimant believe that the defendant was to blame for the disease?				

Section F — Funding

5.1	Has the claimant undertaken a funding arrangement within the meaning of CPR rule 43.2(1)(k) of which they are required to give notice to the defendant?	Yes No				
	If Yes, please tick the following boxes that apply:					
	The claimant has entered into a conditional fee agreement in relation to this claim, which provides for a success fee within the meaning of section 58(2) of the Courts and Legal Services Act 1990					
	Date conditional fee arrangement was entered into					
	The claimant has taken out an insurance policy to v	which section 29 of the Access to Justice Act 1999 applies.				
	Name of insurance company					
	Address of insurance company					
	Policy number					
	Policy date					
	Level of cover					
	Are the insurance premiums staged?	Yes No				
	If Yes, at which point is an increased premium payable?					
	The claimant has an agreement with a membership organisation to meet their legal costs.					
	Name of organisation					
	Date of agreement					
	Other, please give details					

Section G — Other relevant information						

Section H — Statement of truth

Your personal information will only be disclosed to third parties, where we are obliged or permitted by law to do so. This includes use for the purpose of claims administration as well as disclosure to third-party managed databases used to help prevent fraud, and to regulatory bodies for the purposes of monitoring and/or enforcing our compliance with any regulatory rules/codes.

Where the claimant is a child the signature below representative authorised by them.	v will be by the child's parent or guardian or by the legal		
I am the claimant's legal representative. The claimant believes that the facts stated in this claim form are true. I am duly authorised by the claimant to sign this statement.			
☐ I am the claimant. I believe that the facts stated in this claim form are true.			
Signed	Date		
Position or office held (if signed on behalf of firm or company)			
I have retained a signed copy of this form inc	cluding the statement of truth.		

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Compensator response

Section A — Liability	
Please select the relevant stateme	ent
Defendant admits:	Exposure occured
	Caused by the defendant's breach of duty
	Caused some loss to the claimant, the nature and extent of which is not admitted
	The defendant has no accrued defence to the claim under the Limitation Act 1980
The above are adr	mitted
	akes the above admission but the claim will ue to contributory negligence
If the defendant does not ad	mit liability please provide reasons below
Section B — Services p	rovided by the compensator - Rehabilitation
	l to avo dela
Is the compensator prepared rehabilitation?	Yes No
Has the compensator provide	ed rehabilitation? Yes No
If Yes, please provide full deta	ails below

Section C — Response information

Date of notification	
Date of response to notification	
Defendant's compensator details	
Address	
Contact name	
Telephone number	
E-mail address	
E-mail address	
Reference number	