DEFENDANT ONLY

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

Claim notification form (ELD2)

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

| Before filling in this form you are encouraged 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. Miss Other Claimant's name | Is this a child claim? Yes No Period(s) of exposure (Please be as accurate as possible) |
| Address | |
| Postcode | |
| Occupation | |
| Period(s) of employment (Please be as accurate as possible) | |
| Section B — Disease and medical details | |
| 1.1 What type of disease was suffered? | Respiratory Deafness 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 a result of the disease? | Yes No |
| 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? | |

| 1.6 | Did the claimant attend hospital as a result of the disease? | Yes No | | | | |
|------|--|--------|----|-------------------------------|--|--|
| | 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? | | | | | |
| Se | ction C — Rehabilitation | | | | | |
| 2.1 | Has a medical professional recommended the claimant should undertake any rehabilitation? | Yes | No | Medical 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 | | | | | |
| | | | | | | |
| | | | | | | |
| Se | ction D — Exposure location and descri _l | ption | | | | |
| 3.1 | Where did the exposure take place? | | | | | |
| J. 1 | where and 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 | | | | | |
| | 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? | | | | | |
|-----|---|---|--|--|--|--|
| | 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 membershi | p 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 vertex representative authorised by them. | will be by the child's parent or guardian or by the legal | | |
|---|---|--|--|
| 9 1 | e. The claimant believes that the facts stated in this ed by the claimant to sign this statement. | | |
| I am the claimant. I believe that the fac | 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 inclu | uding the statement of truth. | | |