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

Claim notification form (EL1)

Low value personal injury claims in employers' liability - accident only (£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 must make a reasonable attempt to complete those boxes. All other boxes on the form are mandatory and must be completed before being sent.

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

Name

Address

Postcode

Contact name

Telephone number

E-mail address

Reference number

Defendant's details

Defendant's name

Defendant's address*

Postcode

Policy number reference (If not known insert not known)

Insurer/Compensator name (if known)

Section A — Claimant's details

☐ Mr. ☐ Mrs. ☐ Ms.
☐ Miss ☐ Other

Claimant's name

Address

Postcode

Date of birth
/ /

Is this a child claim? ☐ Yes ☐ No

National Insurance number

If the claimant does not have a National Insurance number, please explain why

Occupation

Date of accident
/ /

If exact accident date is not known please select the most appropriate date and provide further details in Section B 1.1

Section B — Injury and medical details

1.1 Please provide a brief description of the injury sustained as a result of the accident

this section continues over the page

1.2 Has the claimant had to take any time off work as a result of the accident? ☐ Yes ☐ No

1.3 Is the claimant still off work? ☐ Yes ☐ No

If No, how many days in total was the claimant off work?

1.4 Has the claimant sought any medical attention? ☐ Yes ☐ No

If Yes, on what date did they first do so? ☐☐/☐☐/☐☐☐☐

1.5 Did the claimant attend hospital as a result of the accident? ☐ Yes ☐ No

If Yes, please provide details of the hospital(s) attended

1.6 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 such as physiotherapy? ☐ 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 accident? ☐ Yes ☐ No

If Yes, please provide full details

Section D — Accident time, location and description

3.1 Estimated time of accident (24 hour clock)

3.2 Where did the accident happen?

3.3 At the time of the accident the claimant was

- ☐ working at the claimant's own place of work
- ☐ working in the workplace of another employer
- ☐ Other (please specify)

3.4 Please explain how the accident happened

3.5 Was the accident reported? ☐ Yes ☐ No ☐ Not known

If Yes, please confirm the date the accident was reported and to whom it was reported (if known)

Section E — Liability

4.1 Why does the claimant believe that the defendant was to blame for the accident?

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 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 will be by the child's parent or guardian or by the legal representative authorised by them.

☐ 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 including the statement of truth.

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Compensator response

Section A — Liability

Please select the relevant statement

Defendant admits:

- Accident 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 admitted

☐ The defendant makes the above admission but the claim will exit the process due to contributory negligence

If the defendant does not admit liability please provide reasons below

Section B — Services provided by the compensator - Rehabilitation

Is the compensator prepared to provide rehabilitation? ☐ Yes ☐ No

Has the compensator provided rehabilitation? ☐ Yes ☐ No

If Yes, please provide full details 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

Reference number