



EMPLOYER'S LIABILITY CLAIM FORM

Argus Insurance Company (Europe) Limited

Unit G.04 West One
Europort Road
Gibraltar

Tel: +350 200 79520
Fax: +350 200 70942

NewClaimsNotification@argus.gi
www.argus.gi

Please complete in full the relevant sections and submit it to: NewClaimsNotification@argus.gi or Argus Insurance Company (Europe) Limited, Unit G.04 West One, Europort Road, Gibraltar.
If any sections are not applicable please add N/A.

INSURED

Full Name:

Policy No.:

Address:

Postcode:

Business or Occupation:

Phone No. Home:

Mobile No.

E-mail:

Work:

EMPLOYEE DETAILS

Name of employee:

Date of Birth:

Age:

Address:

Postcode:

Occupation:

Staff Number:

Is he/she in your direct employment:

National Insurance No.:

How long has he/she been in your employment:

Average net weekly wage: £

DETAILS OF ACCIDENT

Date:

Time:

Place:

Describe what the employee was doing and how the accident happened:



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Nature and extent of injuries sustained:

Has the accident been reported to the Health and Safety Executive?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have they carried out an investigation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Has the Employee resumed work?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If so when? If not, what is the expected duration of the incapacity?

To whom and when did the Employee report the accident?

WITNESSES

Give names and addresses:

COMPLAINTS PROCEDURE

Our aim is at all times to provide a first class standard of service. However, there may be occasions when you feel that this objective has not been achieved. Should you have any query or complaint regarding this insurance please write to Argus Insurance Company (Europe) Limited, PO Box 45, Unit G.04 West One, Europort Road, Gibraltar. If you are dissatisfied with the response you receive you should write to the Department of Consumer Affairs, 10 Governor's Lane, Gibraltar.

GDPR - INFORMATION USES

Information you supply may be used for the purposes of insurance administration by the insurer, its associated companies and agents, by reinsurers and your intermediary. It may be disclosed to regulatory bodies for the purposes of monitoring and/or enforcing the insurer's compliance with any regulatory rules/codes. Your information may also be used for offering renewal, research and statistical purposes and crime prevention. It may be transferred to any country, including countries outside the European Economic Area for any of these purposes and for systems administration. In assessing any claims made, the insurer or its agents may undertake checks against publicly available information (such as electoral roll, county court judgments, bankruptcy orders or repossessions). Information may also be shared with other insurers either directly or via those acting for the insurer (such as loss adjusters or investigators). With limited exceptions, you have the right to access and if necessary rectify information held about you.



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PERSONAL DATA ON COMPUTER EQUIPMENT

So as to minimise the risk of any data being obtained by third parties, should any computer, smartphone or IT equipment be lost or damaged it is recommended that all personal data be removed, or equipment returned to factory settings and manufacturers or providers be informed where possible. Please also note that Argus Insurance Company (Europe) Ltd cannot accept responsibility for any data on electrical equipment submitted to the company.

VERY IMPORTANT - FRAUDULENT AND EXAGGERATED CLAIMS

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution. The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is true, correct and complete to the best of your knowledge and belief, and that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or application of cover under the terms and conditions of your policy. If you are in any doubt as to whether a fact is material, you must disclose it. Failure to do this may mean that your policy becomes invalid and a claim payment will not be made.

I / We declare that the foregoing particulars to be correct to the best of my/our knowledge and belief. I /We understand that you may seek information from other insurers to check the answers I/we have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to conduct such litigation and advise in relation thereto.

DECLARATION

I / We declare that the foregoing particulars to be correct to the best of my/our knowledge and belief.

Policyholder's Signature:

Date: