Mapfre Middlesea p.l.c.
Middle Sea House, Floriana FRN 1442 Malta
T: (+356) 2124 6262
claims@middlesea.com
Registration Number: C5553

Employer's Liability Notice of Injury Report

IMPORTANT NOTE

Insurers, their Agents and Insurance Associations share information with each other to prevent fraudulent claims and for underwriting purposes. In the event of a claim, some or all the information you supply on this form and the proposal form together with other information relating to the claim may be provided to other Insurers, their Agents and Insurance Associations.

ALL RELEVANT QUESTIONS MUST BE FULLY ANSWERED

1. EMPLOYER

Name of Employer:	
Address:	
Tel/Mob No.:	Email:
Name of person submitting notice:	
Position held by person:	
Policy no.:	
VAT Reg. No.:	VAT status:
Total no. of persons employed:	Estimated wage roll per year:

2. INCIDENT

Date and time of incident:	Location:
When was incident reported?	To whom was report made?
Please give a detailed description of the manner in which the injury was sustained:	
Describe fully the work upon which the injured person was engaged at the time of the incident:	
Please describe and give make/model and age of any machinery involved:	
Please give names and addresses of any witness to the incident and indicate whether they are employees of the insured:	

3. INJURED PERSON

Name:	Age:	
Home Address:		
Business Address:		
Usual Occupation:		
How long has he/she been employed by you? Years Months	Martial status of injured person: Single ☐ Married ☐ Separated ☐ Divorced ☐ If married, is spouse in full time employment: Yes ☐ No ☐	Number of children and ages:
Gross weekly wage €	Weekly wage after tax €	Weekly NI Benefits €
Is he/she insured elsewhere against accidents? YES ☐ | NO ☐		
If so, please give details of insurers and policy number:		

4. INJURIES

Describe fully the injuries sustained:
Give full details of any injury sustained previously:
Give the name and the address of the medical practitioner who attended the injured person after the accident:
Is he/she the injured person's medical practitioner? YES ☐ | NO ☐
Please give details of any medical treatment received by the injured person for illness or accident during the last five years:
As a direct result of this incident has the injured person been totally incapacitated from attending to business of any kind? YES ☐ | NO ☐ If yes, state for how long: Weeks From: To:
Is he/she still unable to attend business of any kind? YES ☐ | NO ☐
If yes, state how long incapacity is likely to last?
Please indicate the periods during which the injured person was: • Detained in hospital From To • Confined to bed at home From To • Confined to house From To • Able to leave house From To
If the injured person is now able to attend to any portion of his/her business, give details and indicate the date when he/she started to do so:

Give date upon which the injured person returned to full business or employment:

When and where can he/she be visited by our medical or other officer?

Has he/she made a claim against you? YES ☐ | NO ☐

If yes, give full details:

Is he/she willing to accept an immediate settlement? YES ☐ | NO ☐

If yes, state the amount he/she is willing to accept: €

NB The attached medical certificate must be completed by the attending medical practitioner in all cases. No claim can otherwise be entertained.

DATA PROTECTION AND PROFESSIONAL SECRECY

I consent (on my behalf and on behalf of any other person /s specified in this form (Others) to the processing of any information by the Company or any other members of the Mapfre Middlesea Group of Companies (the Group) supplied by myself on my own behalf and on behalf of Others, which constitutes personal data as long as this processing relates to administering my insurance proposal and policy, underwriting, handling and settling of claims, detecting, preventing and suppressing fraud and the keeping of statistics.

I understand (and I have explained to the Others) that the Company or any other members of the Group may, in addition, exchange some or all of the information with my insurance intermediary, appointed experts, other insurance companies or the Malta Insurance Association for the above purposes. I also authorise (on my own behalf and on behalf of Others) insurance companies and intermediaries to disclose information about or relevant to my insurance history for these purposes.

I understand (and I have explained to Others) that when I tell the Company about an incident which may or may not give rise to a claim, the Company may pass information relating to it to the Malta Insurance Association and/or other insurance companies or intermediaries.

I authorize (on my own behalf and on behalf of Others) the Company and other companies within the Group to keep me informed of their products and services by mail, fax, email or other electronic means. I understand (and I have explained to Others) that I may inform them in writing if I do not wish to receive this information.

I understand (and I have explained to Others) that I have the right to request access to and rectification of my personal data held

by members of the Group by directing my request to MapfreMiddlesea p.l.c.

Signature of claimant:

DECLARATION

I/We hereby declare that the above information and statements are, to the best of my/our knowledge and belief, correct and complete. If the answers to all or any of the above questions have been written by others at my/our dictation or instruction I/We confirm that I/We have read those answers and that they are correct and that such person completing this form on my/our dictation or instruction for this purpose will be regarded as my/our agent.

Date:

Signature of claimant: