

Please return this form to:
 Wrightway Underwriting Ltd
 Limekiln House, Drinagh, Wexford
 Tel: 053 9167100
 Fax: 053 9143999

Employers Liability Claim Form

Claim No: _____

EMPLOYER

Name and Business Address of Employer	Policy Number: _____
_____	Date of last premium payment: _____
_____	Business or Occupation: _____
_____	Telephone Number: _____
_____	Are you registered for VAT? Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	If YES, state registered number: _____

INJURED PERSON

Name and Address of Injured Person	Date of Birth: _____
_____	Marital Status: _____
_____	Occupation: _____
_____	RSI _____

If the injured person is related to you please state:

a) the relationship a) _____

b) whether he/she resides you b) _____

Was the injured party in your direct employment?

If YES, state how long in your employment. _____

If NO, state name and address of contractor. _____

INJURIES

Give full details of injuries received _____

Was the injured person taken to hospital? _____

If YES, state name of hospital. _____

When was he/she released? _____

Is the injured person at present receiving _____

medical attention? _____

CLAIM DETAILS

Has a claim for compensation been made _____

upon you? If so, has the employer made _____

any contribution to date? _____

Is compensation being claimed or received _____

by the injured person from any other _____

source? _____

Has the injured person been injured _____

previously, or received compensation _____

previously, from you or any other _____

employer? _____

On behalf of Liberty International Underwriters

EARNINGS

State the net weekly earnings of the injured person. _____

State the **total** net weekly earnings including bonuses, overtime, allowances etc. of the injured person for the thirteen weeks prior to the accident. _____

State how many employees are in your service, and the amount of annual cash Wages paid to them. _____

DETAILS OF ACCIDENT

Date and Time of accident: _____

Address where accident occurred: _____

When and to whom was the accident reported by the injured person? _____

Did the injured person cease work? If YES, state the date on which he/she did so. _____

If the injured person has resumed work, state the date on which he/she did so. _____

Was the injured person engaged on work for you at the time of the accident? _____

State fully the nature of work upon which the injured person was engaged at the time of the accident. _____

Are any specialised tools or equipment required to carry out the work? If YES, give details. _____

Were any safety features breached? _____

State the date of last inspection by factory inspectorate, and whether or not any recommendations were made. _____

State names and address of all people working in the vicinity of the accident. (Enclose statements where possible.)

NB: for your own protection, please note that your Policy provides that the Insured shall not, without the consent in writing of the Company, make any payment, settlement or arrangement, in respect of any claim, nor shall he, without the like consent, make any admission of liability of any such claim.

I/WE HEREBY CERTIFY that to the best of my/our knowledge and belief the statements and particulars contained herein are fully made and that I/we have withheld no material fact concerning the accident or the injured person.

Signature of Policyholder _____

Date _____

Important: The Policyholder is reminded the Company cannot accept responsibility for payments made to injured persons without its authority.

DATA PROTECTION

WRIGHTWAY UNDERWRITING LIMITED ("WRIGHTWAY") WILL HOLD YOUR DETAILS IN ACCORDANCE WITH OUR DATA PROTECTION AND PRIVACY POLICY TOGETHER WITH ALL APPLICABLE DATA PROTECTION LAWS AND PRINCIPLES.

INFORMATION YOU SUPPLY MAY BE USED BY US AND OUR PARTNERS (BOTH INSIDE AND OUTSIDE THE EUROPEAN ECONOMIC AREA) FOR THE PURPOSES OF ADMINISTERING YOUR POLICY (INCLUDING UNDERWRITING, PROCESSING, CLAIMS HANDLING AND FRAUD PREVENTION).

WE MAY SHARE WITH OUR AGENTS AND SERVICE PROVIDERS, OTHER INSURERS AND THEIR AGENTS, AND WITH ANY INTERMEDIARY ACTING FOR YOU, AND WITH RECOGNISED TRADE, GOVERNING AND REGULATORY BODIES (OF WHICH WE ARE A MEMBER OR BY WHICH WE ARE GOVERNED) INFORMATION WE HOLD ABOUT YOU AND YOUR CLAIMS HISTORY. THIS INCLUDES THE INSURANCE-LINK DATABASE AND INSURANCE IRELAND'S ANTI-FRAUD CLAIMS MATCHING DATABASE. WE MAY ALSO IN CERTAIN CIRCUMSTANCES USE PRIVATE INVESTIGATORS TO INVESTIGATE A CLAIM. IN ORDER TO PREVENT AND DETECT FRAUD AND THE NON-DISCLOSURE OF RELEVANT INFORMATION WRIGHTWAY (WUL) MAY AT ANY TIME:

- SHARE INFORMATION ABOUT YOU WITH OUR INSURER PARTNERS INCLUDING COMPANIES WITHIN THE ZURICH INSURANCE GROUP, OTHER ORGANISATIONS OUTSIDE OUR INSURER PARTNERS INCLUDING WHERE APPLICABLE PRIVATE INVESTIGATORS AND PUBLIC BODIES INCLUDING AN GARDA SÍOCHÁNA
- CHECK AND / OR FILE YOUR DETAILS WITH FRAUD PREVENTION AGENCIES AND DATABASES, AND IF YOU GIVE US FALSE OR INACCURATE INFORMATION AND WE SUSPECT FRAUD, WE WILL RECORD THIS.
- THE FOLLOWING ARE A SAMPLE OF SUCH DATABASES USED: THE INSURANCE LINK ANTI-FRAUD REGISTER (FOR MORE INFO SEE WWW.INSLINK.IE); THE INTEGRATED INFORMATION DATA SYSTEM ('IIDS') TO VERIFY INFORMATION INCLUDING PENALTY POINTS AND NCD; MIAFTR (MOTOR INSURANCE ANTI-FRAUD AND THEFT REGISTER) OPERATED BY THE ASSOCIATION OF BRITISH INSURERS IN THE UK TO LOGS ALL INSURANCE CLAIMS RELATING TO WRITTEN-OFF AND STOLEN VEHICLES IN THE UK; THE NATIONAL VEHICLE FILE MAINTAINED AND SUPPORTED BY THE DEPARTMENT OF TRANSPORT, TOURISM AND SPORT, CONTAINING DETAILS OF ALL REGISTERED VEHICLES IN THE REPUBLIC OF IRELAND; COMPANIES REGISTRATION OFFICE

THE DATABASES USED ARE NOT LIMITED TO THOSE LISTED ABOVE AND ARE SUBJECT TO CHANGE AT ANY TIME.

WUL MAY ALSO USE YOUR PERSONAL DATA, THE PERSONAL DATA OF YOUR NAMED DRIVERS OR MEMBERS OF YOUR HOUSEHOLD, INFORMATION ABOUT YOUR VEHICLE OR PROPERTY TO SEARCH THESE AGENCIES, DATABASES AND OTHER PUBLICALLY AVAILABLE INFORMATION TO:

- HELP MAKE DECISIONS ABOUT THE PROVISION AND ADMINISTRATION OF INSURANCE, CREDIT AND RELATED SERVICES FOR YOU
- TRACE DEBTORS OR BENEFICIARIES, RECOVER DEBT, PREVENT FRAUD AND TO MANAGE YOUR INSURANCE POLICIES WITH WUL

WE MAY ALSO NEED TO COLLECT SENSITIVE PERSONAL DATA (FOR EXAMPLE, INFORMATION RELATING TO YOUR PHYSICAL OR MENTAL HEALTH OR THE COMMISSION OR ALLEGED COMMISSION OF AN OFFENCE) TO ASSESS THE TERMS OF INSURANCE WE ISSUE/ARRANGE OR TO ADMINISTER CLAIMS WHICH ARISE.

UNLESS YOU HAVE ADVISED US OTHERWISE, WE MAY SHARE INFORMATION THAT YOU PROVIDE TO COMPANIES THAT WE ESTABLISH COMMERCIAL LINKS WITH SO WE AND THEY MAY CONTACT YOU (BY EMAIL, SMS, TELEPHONE OR OTHER APPROPRIATE MEANS) IN ORDER TO TELL YOU ABOUT CAREFULLY SELECTED PRODUCTS, SERVICES OR OFFERS THAT WE BELIEVE WILL BE OF INTEREST TO YOU.

PLEASE TICK HERE IF YOU DO NOT WISH YOUR INFORMATION TO BE UTILISED FOR THESE PURPOSES

YOU HAVE A RIGHT OF ACCESS TO AND A RIGHT TO RECTIFY DATA CONCERNING YOU UNDER THE DATA PROTECTION ACTS 1988 AND 2003. SHOULD YOU WISH TO EXERCISE THIS RIGHT, PLEASE WRITE TO THE DATA PROTECTION OFFICER, WRIGHTWAY UNDERWRITING LIMITED, LIMEKILN HOUSE, DRINAGH, WEXFORD. TO ACCESS YOUR DATA, A FEE OF €6.35 IS CHARGEABLE UNDER THE TERMS OF THE DATA PROTECTION ACTS AND CHEQUE SHOULD BE MADE PAYABLE TO WRIGHTWAY UNDERWRITING LIMITED.

BY PROVIDING US WITH YOUR INFORMATION AND PROCEEDING WITH THIS CONTRACT, YOU CONSENT TO ALL OF YOUR INFORMATION BEING USED, PROCESSED, DISCLOSED, TRANSFERRED AND RETAINED FOR THE PURPOSES OF INSURANCE ADMINISTRATION (INCLUDING UNDERWRITING, PROCESSING, CLAIMS HANDLING AND FRAUD PREVENTION).

PLEASE NOTE THAT A COPY OF OUR FULL DATA PROTECTION AND PRIVACY POLICY CAN BE VIEWED ON OUR WEBSITE WWW.WRIGHTWAY.IE OR REQUESTED BY WRITING TO OUR DATA PROTECTION OFFICER AT WRIGHTWAY UNDERWRITING LIMITED, LIMEKILN HOUSE, WEXFORD.