Liberty Assurance
Covers You Right Through

CLAIM FORM
EMPLOYERS' LIABILITY INSURANCE

- Kindly answer all questions completely inorder to help us to serve you better.
- Tick (☑) where applicable and attach supporting documents.
- The issue of this form does not imply admission of liability on the part of the Company.

SECTION 1 – POLICY & INSURED DETAILS

Name of Insured	
Policy Number	
Policy Period	From _____ To _____
Nature of Business	
Address	
Contact Person (Name / Phone / Email)	

SECTION 2 – EMPLOYEE DETAILS

Employee Name	
Employee ID / Designation	
Date of Employment Commencement	
On Duty at Time of Incident?	☐ Yes ☐ No

SECTION 3 – ACCIDENT & INJURY DETAILS

Date & Place of Accident	
Nature of Injury	
Medical Treatment Provided	

Claim Amount (if any)	

DOCUMENTS ATTACHED

☐ Claim Demand / Legal Notice ☐ Incident Report ☐ Medical Reports ☐ Invoices / Estimates ☐ Photos ☐ Police Report ☐ Details of Salaries & Other Benefits ☐ Other

DECLARATION

I / We declare that all the details provided are true and complete in every respect to the best of my / our knowledge.

Name	
Designation	
Signature	
Date	