

AWB Claim Form



This form should be completed as fully as possible in BLOCK CAPITALS and returned immediately to your Broker with supporting documents.

Insurance Broker Details

Name & Address

Postcode

Tel no.

Contact name

Email

Employer's Details

Policy No.

Policyholder Name

Address

Postcode

Tel no.

Mobile

Employee Details

Name of Employee

Date of birth

Address

Was the Employee under your direct employment?

Yes

No

Is the employee a Partner in the Insured Business?

Yes

No

In conjunction with what trade or business did you employ the employee in question?

Date employment commenced

Agricultural Wages Board Craft Grade

Number of days employee is contracted to work

Number of hours contracted to work per week excluding overtime

Number of hours of any additional guaranteed overtime per week

Where guaranteed overtime is to be considered, please support this document with a copy of the employee's contract or wage slips for the 13 weeks period immediately prior to the onset of the injury/illness

Absence details

Date ceased work

Date resumed work

Cause of absence

If an accident, how did this occur?

What activity was being undertaken immediately prior to the accident (if relevant)?

If injured was the accident during normal working hours? Yes No

If 'no' confirm whether the employee was travelling to or from work? Yes No

Has the employee been absent from work as a result of the same injury/sickness in the past 12 months? Yes No

If 'yes' please give full details

Please state amount of Statutory Sick Pay (SSP) being reclaimed per week (£)

If unable to reclaim SSP, please state why

PLEASE PROVIDE CONTINUOUS SICK NOTES COVERING THE EMPLOYEE'S PERIOD OF ABSENCE.
IF THE ABSENCE WAS DUE TO AN ACCIDENT PLEASE PROVIDE A COPY OF THE ACCIDENT REPORT BOOK.

DECLARATION

I/We understand that in handling this claim, AIUA (a trading name of Geo Underwriting Services Ltd) will act on behalf of the Insurer(s) and that **I/We** confirm our informed consent to the claim being handled on this basis. **I/We** understand that the making of a fraudulent claim by providing untrue information is a criminal offence likely to lead to prosecution. **I/We** confirm that the information given on this form is to the best of my knowledge and belief, true in every respect and that I have declared and not claimed amounts refunded to me or claimed from any other source.

You must read the declaration before signing.

Signed

Date

If you are not the insured person, please state your relationship to them