

This is a formal claim against you, which must be acknowledged by email immediately and passed to your insurer.

**DEFENDANT ONLY**

# Claim notification form (ELD2)

Low value personal injury claims in employers' liability - disease (£1,000 - £25,000)

**Before filling in this form you are encouraged to seek independent legal advice.**

Date sent

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Items marked with (\*) are optional and the claimant must make a reasonable attempt to complete those boxes. All other boxes on the form are mandatory and must be completed before being sent.

What is the value of your claim?

☐ up to £10,000

☐ up to £25,000

Please tick here if you are not legally represented? ☐

*If you are not legally represented please put your details in the claimant's representative section.*

## Claimant's representative - contact details

Name

Address

Postcode

    

Contact name

Telephone number

E-mail address

Reference number

## Defendant's details

Defendant's name

Defendant's address\*

Postcode

    

Policy number reference (If not known insert not known)

Insurer/Compensator name (if known)

Section A — Claimant’s details

☐ Mr.

☐ Mrs.

☐ Ms.

☐ Miss

☐ Other

Claimant’s name

Address

Postcode

Occupation

Period(s) of employment (Please be as accurate as possible)

Is this a child claim? ☐ Yes ☐ No

Period(s) of exposure (Please be as accurate as possible)

Section B — Disease and medical details

1.1 What type of disease was suffered?

☐ Respiratory

☐ Deafness

☐ Vibration injury

☐ Dermatitis

☐ Other

1.2 Please provide a further brief description of the disease suffered

1.3 Has the claimant had to take any time off work as a result of the disease?

☐ Yes ☐ No

1.4 Is the claimant still off work?

☐ Yes ☐ No

If No, how many days in total was the claimant off work?

1.5 Has the claimant sought any medical attention?

☐ Yes ☐ No

If Yes, on what date did they first do so?

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**1.6** Did the claimant attend hospital as a result of the disease?

☐ Yes ☐ No

If Yes, please provide details of the hospital(s) attended

**1.7** If hospital was attended, was the claimant detained overnight?

☐ Yes ☐ No

If Yes, how many days were they detained?

## Section C — Rehabilitation

**2.1** Has a medical professional recommended the claimant should undertake any rehabilitation?

☐ Yes ☐ No ☐ Medical professional not seen

If Yes, please provide brief details of the rehabilitation treatment recommended and any treatment provided including name of provider

**2.2** Are you aware of any rehabilitation needs that the claimant has arising out of the disease suffered?

☐ Yes ☐ No

If Yes, please provide full details

## Section D — Exposure location and description

**3.1** Where did the exposure take place?

- 3.2** In what circumstances did the exposure take place?  
e.g. excessive use of a keyboard, chemical/irritant exposure, use of hand grinder, exposure to loud machinery

- 3.3** Was the exposure reported? ☐ Yes ☐ No ☐ Not known

If Yes, please confirm the date of the report and to whom it was reported (if known)

## Section E — Liability

- 4.1** Why does the claimant believe that the defendant was to blame for the disease?

## Section F — Funding

- 5.1 Has the claimant undertaken a funding arrangement within the meaning of CPR rule 43.2(1)(k) of which they are required to give notice to the defendant? ☐ Yes ☐ No

If Yes, please tick the following boxes that apply:

- ☐ The claimant has entered into a conditional fee agreement in relation to this claim, which provides for a success fee within the meaning of section 58(2) of the Courts and Legal Services Act 1990

Date conditional fee arrangement was entered into

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- ☐ The claimant has taken out an insurance policy to which section 29 of the Access to Justice Act 1999 applies.

Name of insurance company

Address of insurance company

Policy number

Policy date

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Level of cover

Are the insurance premiums staged?

☐ Yes ☐ No

If Yes, at which point is an increased premium payable?

- ☐ The claimant has an agreement with a membership organisation to meet their legal costs.

Name of organisation

Date of agreement

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- ☐ Other, please give details



Section H — Statement of truth

Your personal information will only be disclosed to third parties, where we are obliged or permitted by law to do so. This includes use for the purpose of claims administration as well as disclosure to third-party managed databases used to help prevent fraud, and to regulatory bodies for the purposes of monitoring and/or enforcing our compliance with any regulatory rules/codes.

Where the claimant is a child the signature below will be by the child’s parent or guardian or by the legal representative authorised by them.

- ☐ I am the claimant’s legal representative. The claimant believes that the facts stated in this claim form are true. I am duly authorised by the claimant to sign this statement.
- ☐ I am the claimant. I believe that the facts stated in this claim form are true.

Signed

Date

Position or office held  
(if signed on behalf of firm or company)

- ☐ I have retained a signed copy of this form including the statement of truth.