



NIG Commercial Claims P O Box 1151 Bromley BR1 9WB. Tel. 01452 899778

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AGRICULTURAL WAGES BOARD SICK PAY SCHEME
CLAIM FORM

Name:

Address:

Postcode:

Home Telephone Number:

Policy No:

Bank account details to enable settlement via BACS: Account Name:
Account Number: Sort Code:

Employee Details

Employee Name:

Employee Address:

Employee NI No:

Date of Birth:

Employee Job Description:

Date employment commenced:

Is Employment Full Time Fixed Hours? Yes / No

Days on which employee normally works:

Part Time Fixed Hours? Yes / No

Part Time Flexible Hours? Yes / No

Number of hours worked per week?

If either Flexible or Part Time please advise hours worked:

Continued

When was last day employee worked?

When did employee return to work?

Is employee's absence due to accident? Yes / No

If Yes, where did this occur?

Please detail accident circumstances:

Was this during working hours? Yes / No

Was employee travelling to or from work? Yes / No

Is employee's absence due to sickness? Yes / No

If Yes, what was cause of illness?

Employees Dr/Consultant Name:

Dr Practice/Hospital Name:

Dr Practice/Hospital Address:

Telephone No:

Fax No:

Prior to absence was employee under notice of redundancy/dismissal? Yes / No

If Yes, when was notice due to take effect:

Please advise statutory min. wage paid during absence: £

Please advise amount of overtime paid during absence and rate: £

Declaration:

I/We declare that no material information has been withheld and that all statements on this form are true to the best of my/our knowledge and belief.

Signed:

Date:

Insurers and their agents share information with each other to prevent fraudulent claims and to decide whether to accept your proposal and, if so, on what terms via the Claims and Underwriting Exchange Register, operated by Insurance Database Services Ltd. A list of participants is available on request. The information you supply on this form, together with the information you have supplied on your application form and other information relating to the claim, will be provided to participants.