Sample employer liability letter

This template concerns an identifiable workplace accident in the Netherlands. Adapt it to the facts before sending. It does not establish liability by itself.

1. Replace all bracketed fields. Use the employer’s full legal name. An agency worker may need separate notices to the agency and the hiring company.

2. Give an accurate account of the accident. Preserve schedules, messages, witnesses, photographs and other evidence. Do not attach your complete medical file to a letter to your employer.

3. Send in a language the recipient understands. Arrange a Dutch translation where needed. Keep the final letter, dispatch evidence and proof of receipt.

4. A clear written reservation can interrupt limitation only if the legal requirements are met, including timely receipt by the correct recipient. Do not rely on this template alone to calculate or protect a deadline.

5. The requested fourteen-day and three-month response periods are distinct from statutory limitation periods. Silence does not establish liability.

6. Occupational disease, commuting, work-related traffic accidents and self-employed work can require different wording or legal analysis. Obtain advice if the sample may not fit.

7. The first conversation with Arslan Advocaten is free and without obligation. Drafting or representation beyond that requires a separate cost agreement.

Arslan Advocaten | +31 70 450 0300

https://arslan.nl/en/employer-liability-letter/

Editable letter begins on the next page

[Your name]
[Your address]
[Postcode and town]

To: [employer's legal name]
[and, in a separate letter, the hiring company if relevant]
For the attention of the management
[Address]

[Town], [date]
By email and registered post

Subject: Notice of liability for workplace accident on [date]

Dear [name / Sir or Madam],

I have worked for you since [date] as [job title] [through employment agency: name]. On [date] at approximately [time], I suffered an accident while carrying out my work at [location].

The accident happened as follows: [a factual description in three to five sentences]. I suffered [brief description of injuries] and received treatment from [doctor or hospital].

You are required to provide a safe workplace and safe equipment, with appropriate instructions and supervision. I hold you liable under article 7:658 of the Dutch Civil Code for all damage I have suffered and will suffer as a result of this accident.

Please forward this letter to your liability insurer within fourteen days and provide the insurer's name and claim reference. I request a reasoned position on liability, from you or your insurer, within three months of receipt.

Please preserve relevant CCTV, incident records, instructions, training and maintenance records. Please provide copies of the incident report, any report to the Netherlands Labour Authority, and the risk assessment and instructions relevant to my work and this accident.

I unequivocally reserve my right to full compensation for all past and future damage arising from this accident. This written notice is intended to interrupt the limitation period under article 3:317 of the Dutch Civil Code.

Yours faithfully,

[Your name and signature]