

## Workmen's Compensation (employee's liability) Claim Form

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please answer all questions and give complete details of information asked for. Where the space provided is insufficient, a separate sheet(s) should be attached.
- Please return this form, duly completed and signed, within 3 days from the date of receipt of this claim form.

Policy details:	
Number	
Period of Insurance	From <span style="float: right;">To</span>
Type	
Details of insured:	
a) Name of the insured (in full)	
b) Address of the insured	
c) Details of the company's business activity and number of years in operation	
Details of injured/deceased employee:	
a) Number of injured/deceased employee(s)	
b) Post held	
c) Nationality	
d) Gender	
e) Marital status	
f) Age	
g) Wage/salary per day	
h) Salary per month	
i) Duty working hours	
j) Duty working days	
k) Attach evidence thereof	
Details of incident:	
a) Day, date, & time	
b) Place of incident	
c) How did the accident happen?	
d) Give brief particulars	
e) Nature of Injury	
f) Cause of Injury/death	

g) Is this a road accident?	
h) Is a third party liable for the accident?	
i) Give name & address (kindly attach police report)	
j) Was he/she on duty at the time of the accident? Attach evidence thereof	
In case of death compensation:	
Name of the Beneficiary & full address:	
Any witness to the incident? If so, please attach witness statement:	
Name(s) of legal heirs with their address:	
Any recovery achieved? (through the police or directly). If any, please give name & address of the claimant who has Power of Attorney to receive death compensation:	
Please attach death certificate, all medical reports & other relevant documents in support of the above information)	
In case of illness/ injury:	
a) When was he admitted into the hospital?	
b) When was he discharged from the hospital?	
c) Total number of days absent from duty on medical advice	
(Attach all medical reports & other relevant documents in support of the above information)	
Name(s) & address of doctor(s) who attended to the injured/deceased person:	
Attach incident report on the sequence of events, signed by authorized signatory:	
Any recovery achieved? (through the police or directly). If any, please give details thereof:	
Improvements in the working processes to avoid a recurrence:	

**DECLARATION:**

I/We do declare to the best of my/our knowledge & belief that the information supplied is true and correct.

Signature of the insured/claimant: \_\_\_\_\_

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Stamp: \_\_\_\_\_