

EMPLOYER'S LIABILITY CLAIMS FORM

PLEASE FILL FORMS IN 'CAPITAL LETTERS'

Policy No.

Date

D D M M 2 0 Y Y

The Company does not admit liability by the issuance of this form. In the event that you receive any correspondence from an involved party about this accident, please do not respond to such. Do not admit liability or accept that you were at fault. Kindly send such document to Coronation immediately.

PARTICULARS OF ACCIDENT

Name

Surname

Middle Name

First Name

Address

Email

Date of payment of the last premium

D D M M 2 0 Y Y

Last Premium

Business or occupation

Telephone

Agent / Broker

Telephone

Name

Age

Address

Length of service

Occupation

Marital Status

State number of children under 15 years of age

Is the employee: In direct employment

Or a Contractor

Is employee a relative

Yes

No

if so, please State relationship

Please state nature and extent of injury (full particulars) and whether right or left side is affected

Is injury likely to disable workman for longer than 3 days?

Yes

No

Is the workman in receipt of compensation for a previous disability?

Yes

No

Did the workman suffer from any physical defect prior to the accident?

Yes

No

Where is he presently?

Name and address of doctor or hospital attended by workman

If workman has returned to work, state date of return

D D M M 2 0 Y Y

Has any claim been made

Yes

No

if so, for what amount?

(a) Date of accident

D D M M 2 0 Y Y

Hour

When was this first reported by the workman?

D D M M 2 0 Y Y

On what date was workman first absent from work?

D D M M 2 0 Y Y

(b) Address and place where accident occurred

(c) Exact nature of the work upon which the workman was engaged at the time of the accident

(d) Was the injured employee engaged upon his usual work at the time of the accident?

Yes

No

(l) Was he doing it in the recognized and correct manner?

Yes

No

Name of foreman or other person in charge

Name of persons present

By whose negligence, if any was the accident caused?

Was the workman sober?

Yes

No

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IF ACCIDENT WAS CAUSED BY MACHINERY, PLEASE STATE:

(a) description and motive power

(b) whether machinery was fenced or protected?

(c) to whom same belongs

If accident occurred away from employer's premises, please state:

(a) nature of work or contract

(b) whether you are the chief contractor

DECLARATION

I/We

declare that the foregoing answers are true and complete and that I/We hold no other policy indemnifying Me/Us in respect of this claim. I/We request you to deal on My/Our behalf with the third party claims arising herein, in accordance with the terms and conditions of the above-mentioned policy, and I/We authorise you and your solicitors on My/Our behalf to make such admissions and settlements give such consents as you may consider necessary for the disposal of such claims and any litigation arising therefrom.

D D M M 2 0 Y Y

Date Insured

Signature

The employer's attention is particularly drawn to the fact that his interests and those of the company are identical inasmuch as the future premiums payable naturally depend upon the amount of claims paid by the company. He should therefore do everything to prevent any but bona fide claims being admitted.

STATEMENT OF WAGES

Detailed statement of weekly wages earned by

For 12 months

period to the date of his/her accident for such less period as he/she may have been in his/her employer's service.

WEEK ENDING	WAGES	WEEK ENDING	WAGES	WEEK ENDING	WAGES
1		18		35	
2		19		36	
3		20		37	
4		21		38	
5		22		39	
6		23		40	
7		24		41	
8		25		42	
9		26		43	
10		27		44	
11		28		45	
12		29		46	
13		30		47	
14		31		48	
15		32		49	
16		33		50	
17		34		51	

Carried Forward

Carried Forward

52

Total Wages Earned

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D D M M 2 0 Y Y

Date Insured

Employer's Signature

It is most essential that this form should be correctly filled up, as upon this statement is based any compensation payable to the injured workman under the workmen's compensation ordinances.

If the injured workman has been absent from work at any time during the period above specified, the date of such absence should be given as well as the reason for such absence