
WORK INJURY COMPENSATION INSURANCE CLAIM FORM

Agency: _____ Contact No.: _____ Email address: _____

- N.B. 1. Full particulars of the accident are to be furnished by the employer described in this form.
2. The giving of the undermentioned information does not imply that the injured person is making, or will make, a claim.
3. This form is sent without prejudice to the terms of the policy described in this form.
4. This form is to be completed and forwarded without delay. Any details of information not readily available may be supplied as soon as obtainable.
5. All written communications received by the employer concerning the accident to its employee should be forwarded at once to Great Eastern General Insurance Limited ("Company").

THE EMPLOYER

Name of Policyholder: _____ Policy No: _____

Business: _____ Contact No.: _____ Email: _____

Address: _____

THE INJURED PERSON

Name: _____ Nationality: _____ Date of Birth: _____ Gender: _____

Local Address: _____

When did the injured person enter your service? _____

Work in which the injured person is usually employed: _____

Was the injured person engaged in the above work when the accident occurred? _____

Is the injured person, your direct employee, contractor's employee or a sub-contractor? _____

Name of hospital taken to: _____ In or out-patient: _____

State whether still in hospital, or date discharged: _____

Has the injured person been medically examined? If so, please send report. If not, was free medical examination offered?

State whether returned to work, and if so, when? _____

The injured worker works a five or five and a half day week or alternate Saturday: _____

Are you satisfied the injured person has met with a bonafide accident arising out of his/her employment? _____

Is the injured person able to do partial work? _____

What is the probable period of disablement (approximate)? _____

THE ACCIDENT

Date: _____ Time: _____ Place: _____

On what date did you receive notice of accident and from whom? If in writing, please attach to this form: _____

On what date did the injured person actually cease work? _____

Briefly describe what was the cause of the accident and how it happened.

If from machinery or gearing

(a) Was it fenced or guarded.

(b) Was it being cleaned whilst in motion?

Briefly describe the nature of injury sustained.

What was the general nature of the contract or work going on? _____

