

WORK ACCIDENT CLAIM ADVICE

* Name Of Employer:
* Business:
* Date, time and place of accident :
.....
* Name of witnesses :
.....
* Name and Age of injured worker..... :
* Occupation :
* When did he enter your service:
* Daily/monthly wages of the injured person	: (/)
.....
* Is he in your direct employment or with a sub contractor	::
* Description how the accident occur :
.....
.....
.....
* Nature of initial injury.....:
.....
* Treating hospital ?:

SIGNATURE OF EMPLOYER

FOR COMPANY USE		
Claim No.	Policy No.	Date
..... : :