NATIONAL GENERAL INSURANCE CO. (PSC)
Paid up Share Capital AED 149,954,112
P.O. Box 154, Dubai, U.A.E. Tel.: (04) 211 5800, Fax: (04) 250 2854

الشركة الوطنية للتأمينات العامة (ش.م.ع.)
رأس المال المدفوع ١١٢، ٩٥٤، ١٤٩ درهم
ص.ب.: ١٥٤ دبي، إ.ع.م.، هاتف: ٥٨٠٠ ٢١١ (٠٤)، فاكس: ٢٨٥٤ ٢٥٠ (٠٤)

Workmen Compensation Insurance
Declaration of Accident

Date :

POLICY NO.	
INSURED/COMPANY NAME	
BUSINESS	
NAME OF THE INJURED EMPLOYEE	
PLACE, DATE & TIME OF ACCIDENT	
AGE & DATE OF BIRTH OF INJURED EMPLOYEE	
USUAL OCCUPATION	
WHEN DID HE / SHE ENTERED YOUR SERVICES OR EMPLOYEE OF SUB - CONTRACTOR	
NAME OF WITNESS	
NATURE OF DUTY AT THE TIME OF ACCIDENT	
WAS HE /SHE PERFORMING NORMAL DUTIES	
NAME OF IN-CHARGE OF INJURED EMPLOYEE	
WAS THE ACCIDENT DUE TO OTHERS FAULT	
NATURE & EXTENT OF INJURY	
ESTIMATE PERIOD OF DISABLEMENT	
WHEN INJURED CAN RESUME NORMAL DUTIES	
DID HE/SHE STOPPED WORK IMMEDIATELY	
WHEN DID HE /SHE STOP WORK	
WAS INJURED TAKEN TO HOSPITAL	
DO YOU HAVE ANY OTHER INSURANCE COVERING THIS ACCIDENT	
MONTHLY WAGES OF INJURED EMPLOYEE (Salary Slip of two months to be attached)	

Signature & Seal of the Insured