

WORKMEN COMPENSATION / PERSONAL ACCIDENT/TP INJURY CLAIM ADVICE

Policy No.		Claim No.	
THE ISSUING OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY BY THE INSURER			
THE INSURED			
THE INJURED:			
1. Name		2. Occupation	
2. Nationality		4. Age	5. Sex
6. No. of working days per week		7. Monthly Salary/Daily Wages	
THE ACCIDENT			
8. Place		9. Date	10. Time AM PM
11. Circumstances and description of the accident: <i>(attach separate sheet if the space herein is not sufficient)</i>			
12. Nature and extent of Injury : <i>(attach separate sheet if the space herein is not sufficient)</i>			
13. Whether the Police were informed of the accident: <i>(if so, please enclose Police Report)</i>			Yes No
14. Name(s) and address(es) of other person(s), if any, involved in the accident:			
15. Name(s) and address(es) of witness(es):			
MEDICAL TREATMENT	<i>(Please enclose original medical certificate(s) stating details of the injuries, treatment and duration of sick leave, if any recommended + original bills for Doctor's Fees and Medical Expenses if the policy is extended to cover the same)</i>		
16. Name and address of the doctor by whom treatment was given:			
17. Has the injured employee resumed duty		18. When?	
19. Following documents are attached hereto: (Please mark <input checked="" type="checkbox"/> in the appropriate box):			

For Injury :

For Death: In addition to 1,2,3,5,6 &7

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|---|---|
| 1 | Detailed Incident Report |
| 2 | Original Unfitness Certificate(s)/Medical Certificate(s) |
| 3 | Original Medical Report(s) |
| 4 | Medical Board's Report on Permanent Disability |
| 5 | Original Prescription(s)/Medical Bill(s)/Receipt(s) |
| 6 | Copy of Police Report |
| 7 | 3 months Salary Certificate(s)/Pay Roll Sheet prior to the date of Accident |

- | | | |
|-------------------------------|--|--------------------------|
| 8 | Death Certificate | <input type="checkbox"/> |
| 9 | Copy of Labour Contract | <input type="checkbox"/> |
| 10 | Copy of the Passport along with visa cancellation page | <input type="checkbox"/> |
| Repatriation Expenses: | | |
| 11 | Embalming Certificate/Receipt | <input type="checkbox"/> |
| 12 | Coffin Box Receipt | <input type="checkbox"/> |
| 13 | Copy of Air Ticket Charges for Human Remains + Accompanying Person's Ticket if any | <input type="checkbox"/> |

Date: _____

Signature of the Insured