GEMINIA INSURANCE COMPANY LIMITED
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WORKMEN'S COMPENSATION INSURANCE CLAIM FORM

INSTRUCTIONS:

- Please read carefully and fill out the entire form.
- All questions must be answered in full, in BLOCK letters in the applicants own handwriting or dictation

EMPLOYER

I. Name of Employer________________ Full Address________________

2. State

(a) Name & Policy________________

(b) Date of last payment of premium________________

3. Nature of Trade or Business________________

INJURED WORKMAN

4. Name________________ Full address________________
(in the case of Africans give particulars of Tribes. Village. District)

5. Occupation ________________ Age________ Sex________

Married or single ________________ Tax or identity number________________

6. Is the injured Employee related to the Employer?________________
(what is the relationship'?)

7. Was he/she in your direct employment or in that of a Sub-Contractor? ☐ Yes ☐ No

8. If in your employments how long has he/she been so?________________

9. Give rate of pay PER MONTH at the thee of Accident________________

10. In addition to wages state the MONTLY cash value of any allowances or perquisites i.e. food.fuel, quarters, cost of living or other special remuneration, If of a constant character. if any. are granted?

____

11. State FULLY the nature of the work he was doing at the time of the Accident________________

12. How did the Accident occur?________________

13. Where did the Accident occur?________________ District________________

14. a) When did the accident occur? at________m on the________day of________20________

b) When did the injured employee cease work on account of accident? at________m on the________day of________20________

15. Was the Accident caused

(a) Violation of rules?________________

(b) Carelessness of Injured workman?________________

(c) Carelessness of any other person?________________

If so who?________________

(d) Any defect of machinery or plant? ______

(e) Had such defect been brought to your Notice? ______

16. (a) Was the injured person perfectly sober at the time of accident? ______

(b) Under whose direction was he at the time of the Accident? ______

(c) Was same caused by carrying out such direction? ______

17. (a) Was the injured person suffering at the time of the Accident from ill-health or bodily defect or in firmity of any description'? ☐ Yes ☐ No

(b) Were you aware of such ill-health. defect or infirmity? ☐ Yes ☐ No

18. (a) State fully the nature of the injuries received ______

(b) Data whether such injuries are likely to cause a, PERMANENT disablement ______

19. State to.what extent the injured person is disabled, and whether absolutely prevented from following his employment

______

20. State what you consider will he Is probable duration of total disablement ______

21. Give name and address of the injured workman’s medical attendant. If in hospital or nursing home, give name and address

______

22. At what hour on what data was the injury first attended to by a medical practitioner? ______

23. Have you received notification of a magisterial inquiry? ☐ Yes ☐ No

If so, state when and where the same to be held ______

24. Has the accident been reported to the labour office, district commissioner or district officer, if so, where?

______

I hereby certify that the above statement is a full and true account to the best of my knowledge and belief

Date this ______ day of ______ 20______

I hereby certify that the above statement is a full and true account to the best of my knowledge and belief

Employer's Signature ______

CERTIFICATE to be filled up and signed by an Eye Witness and if possible by the person tinth.o whose direction the

Workman was at the time of the Accident

I hereby Certify that I was present when the Accident occurred to ______

which was/was not his/her wilful act - and that he/she was not under the influence of intoxication liquor or drugs at the time

(Signed) Name ______

Address ______ Date ______ Occupation ______

on the ______ day of ______ in manner above stated - that it was

caused by ______

which was/was not his/her wilful act - and that he/she was not under the influence of intoxication liquor or drugs at the time

(Signed) Name ______

Address ______ Date ______ Occupation ______

*strike out which is not applicable