



FIRST INSURANCE COMPANY LIMITED

“Service Beyond Expectation”

A Subsidiary of NicosDiamond Insurance Limited, Zimbabwe

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WORKERMEN’S COMPENSATION CLAIM FORM (WITHOUT PREJUDICE)

The issue of this form is not to be taken as an admission of Liability

To help us deal with your claim as quickly as possible PLEASE ANSWER ALL QUESTIONS ON THE CLAIM FORM FULLY AND CLEARLY, and sign and date the form.

<p>EMPLOYER</p> <p>1. a. Name of employer</p> <p>b. Employers Address</p>	<p>a.</p> <p>b.....</p> <p>.....</p>
<p>2. a. Name of policy</p> <p>b. Date of last payment of premium</p>	<p>a.....</p> <p>b.....</p>
<p>3. Nature of Trade or Business?</p>	<p>.....</p>
<p>INJURED WORKMAN</p> <p>4. a. Name (in full)</p> <p>b. Address (in the case of Africans give particulars of tribes, village, district)</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>5. Occupation?</p> <p>Age?</p> <p>Gender?</p> <p>Married or single?</p> <p>Tax or identity number</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>6. Is the injured employee related to the Employer?</p> <p>If so, what is the relationship?</p>	<p>Yes.....No.....</p> <p>.....</p>

7. Was s/he in your direct employment or in that of a sub – contractor?	Yes.....No.....
8. Give rate of pay PER MONTH at the time of accident
9. State FULLY the nature of the work s/he was doing at the time of accident.
10. How did the accident occur?
11. a. Where did the Accident occur? b. District?	a..... b.....
12. a. When did the accident occur? b. When did the injured employee cease work on account of the accident?	Date.....Time.....am/pm Date.....Time.....am/pm
13. Was The Accident Caused By: a. Violation of rules? b. Carelessness of injured workman? c. Carelessness of another person? If Yes who? d. Any defect of machinery or plant? e. Had such defect been brought to your notice?	Yes.....No..... Yes.....No..... Yes.....No.....(Name)..... Yes.....No..... Yes.....No.....
14. a. Was the injured person sober at the time of accident? b. Under whose direction was s/he at the time of the accident? c. Was accident caused by carrying out such direction?	Yes.....No..... Yes.....No.....
15. a. Was the injured person suffering at the time of the accident from ill-health, or bodily defect or infirmity of any description? b. Were you aware of such ill-health, defect or infirmity?	Yes.....No..... If Yes, specify..... Yes.....No.....

<p>16. a. State fully the nature of the injuries received?</p> <p>b. State whether such injuries are likely to cause any PERMANENT disablement.</p>	<p>a.</p> <p>.....</p> <p>b.....</p> <p>.....</p>
<p>17. State what extent the injured person is disabled, and whether absolutely prevented from following his/her employment.</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>18. State what you consider will be the probable duration of total disablement</p>	<p>.....</p>
<p>19. Give name and address of the injured workman's medical attendant if hospital or nursing home, give name and address</p>	
<p>20. At what date and time was the injury first attended to by a medical practitioner?</p>	<p>Date..... Time.....am/pm</p>
<p>21. Have you received notification of a Magisterial enquiry?</p> <p>If so, state when and where the same be held.</p>	<p>Yes.....No.....</p> <p>Date.....</p> <p>Location.....</p>
<p>22. Has the accident been reported to the labor officer, District Commissioner or District Officer, if so, where?</p>	<p>Yes.....No.....</p> <p>Date.....</p> <p>Location.....</p>

DECLARATION

I/ We the above named, do hereby to the best of my/ our knowledge and behalf, warrant the truth of the foregoing statements in every respect; and I/ We agree that if I/We have made, or in any further declaration to the company in respect of the said loss, shall make any false or fraudulent statement or any suppression or concealment my / our claim shall be absolutely forfeited and the Policy shall henceforth be null and void.

Date.....Employer's Signature.....

CERTIFICATE to be filled up and signed by an Eyewitness and if possible by the person under whose direction the workman was at the time of accident.

I hereby certify that I was present when the accident occurred to

On the (Date) in the manner that it was stated above and was caused

by

Which **was/** was not his willful act and that was.....

NOT under the influence of intoxicating liquor or drugs at the time.

Eyewitness's signature.....

Name

Address

Occupation.....

Date

*** Cross out whichever is not applicable.**