



A Member of the Guardian Holdings Group

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Employers Liability

PLEASE COMPLETE ALL SECTIONS

Dear Sir,
Madam,

Reference / /

We refer to your advice of an accident to an employee and shall be glad if this form can be completed and returned to the above address as soon as possible. It is to be completed by the Employer and not handed to the Employee.

If any communication relating to this accident is received from or on behalf of the injured employee, please pass it to us unacknowledged without delay.

No payment or promise of payment should be made and liability should not be admitted without our authority.

Yours faithfully,

For the Company

Preliminary particulars of accident

1. Insured

Policy No.
.....
Name
.....
Address
.....
Business Telephone No.
.....
State actual total amounts for
12 months prior to last renewal, wages \$
.....

2. Employee

Full Name
.....
Address
.....
Occupation Married/Single Age
.....
Is he in your direct employ
and receiving wages from you? National Insurance No.
.....
If not,
State whether a) working as own master b) employed by a contractor?
.....
How long has he been
employed by you?
.....
Name and address of
previous employer
.....
What were his average weekly earnings during
the 13 weeks preceding the accident?
a) Gross \$ b) Net (i.e. after deduction of Income Tax
and National Insurance contribution) \$
.....

3. Accident (if disease, complete section 6)

Date Time a.m./p.m.
.....
Place
.....
Particulars of work upon which the
employee was engaged at the time
.....
Was he performing Did the accident occur while employee
part of his duties? was working with machinery?
.....
If with machinery, state type of machinery and the
maker's description, model and year of make
.....
Is the machine your own property?
If not, to whom does it belong?
Did the accident occur as a result of
a) any defect in the premises, equipment or plant? b) the negligence of a fellow employee?
.....
c) any misconduct or disobedience of orders on the part of the employee?
.....
How did the accident occur?
.....
.....
.....

Please carefully preserve any broken parts of machinery, plant, equipment or tool involved in the accident

4. Notification and Witness

To whom was the accident first reported and when?

If not reported, give explanation

Was entry made in accident book?

Give name, address and occupation of any person who witnessed the accident

If the accident was not witnessed, give reasons (if any) for supposing it arose out of and in the course of employment

Extract of Entry in Accident Book

Name of Insured Person

Address

Occupation

Name of Person making entry

Occupation

Date of Accident

Time of Accident

Date entry made

Place where accident happened

Cause and nature of injury

5. Injuries

What injury did the employee sustain

When did he cease work?

Did he receive medical attention?

If so, from whom?

Is he detained in hospital?

If so, give name of hospital

Is he totally disabled?

How long is he likely to be totally disabled?

If he has returned to work, give date of return

State whether he has resumed light or full duties

6. Disease (alternative to section 3)

State nature of disease

.....
To what is it attributed i.e. nature of
substance, material or irritant?

.....
Was he asked if he had ever suffered from
this complaint on entering your employ?

.....
Date on which you were
notified of the disease

.....
Date on which the employee
ceased work

.....
What is the nature of the work
on which he was engaged?

.....
For what period has he
been so engaged?

.....
Has he received treatment for
the disease on your premises?

.....
Have any other employees suffered from
the same disease during the past 3 years?

.....
Are there special precautions taken at your
premises to prevent this particular disease?

.....
If so, give details

.....
.....
.....
.....

7. Claim

Has any claim been made by or on behalf of the injured employee?

.....
If so, give date of claim, by whom
made and whether written or verbal

.....
.....
.....
.....
.....
.....
.....
.....

(All correspondence received should be forwarded with this form)

I/We hereby declare that the information given on this form is true to the best of my/our knowledge and belief.

Signature _____ Date _____