



NITOL INSURANCE COMPANY LIMITED

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WORKMEN'S COMPENSATION CLAIM FORM

PARTICULARS OF ACCIDENT TO BE FURNISHED BY THE EMPLOYER

These questions are to be answered whether or not a claim from the injured person has been made or is anticipated. The insurer does not admit liability by the issue of this form.

N.B. If any details or information is not readily available PLEASE DO NOT DELAY DESPATCH of this form but send supplementary advices later.

PART I - EMPLOYER	
1. Name of Policy Holder:	
2. Business:	
3. Address (any nearest Railway Station):	
4. District:	
5. Policy No.:	
PART II - INJURED PERSON	
6. Name :	
7. Religion or Cast :	8. Age..... 9. Sex....
10. Local Address :	
11. Mofussil Address :	
12. Occupation in which insured person is employed :	
13. On what exact work was injured person engaged at time of accident?	
14. Was injured person actually working when accident occurred ?	

Contd.....P/2

15.	(a) Is the injured in your direct employ? (b) If not, given name and address of Contractor and nature of contract.	
16.	Name of the Hospital where the injured person was taken to:	17. In or out patient:
18.	State whether still in hospital or when discharged:	
19.	State nature of injury, regions injure and whether left or right:	
20.	Did injury person actually cease works after accident and if so, on what date?	
21.	Has the injured person resumed duty since and if so, on what date ?	
22.	What is the probable period of disablement (approximate) ?	
23	Was injured person free from physical infirmity at time of accident? If not give particulars.	

PART III-THE ACCIDENT

24.	Date of Accident:	
25.	Did accident occur actually within your works premises? If not, where did it occur?	
26.	(a) On what did Injured person report accident? (b) To Whom the report was made?	
27.	Are you satisfied that the Injured person met with a bonafide accident of employment?	
28.	How exactly did the accident occur?(Give full details)	
29.	If accident due to machinery, state- (a) Whether it was fenced or guarded? (b) Was it being cleaned whilst in Motion?	
30.	Was injured person under the influence of drink or drugs at time of accident?	
31.	Was injured person guilty of any misconduct or disobedience to orders or rules? If so, please give full particulars.	
32.	State through whose neglect, if any, it occurred?	
33.	State names of any two persons who witnessed the accident:	
34.	Give names of worker or person in superintendence:	

The above replies are accurate to the best of my knowledge and belief.

Date.....2014

.....
Signature of Employer

STATEMENT OF INJURED PERSON'S EARNINGS

Statement of wages which have fallen due for payment to.....
.....in the employ of
for 12 months prior to the date of accident or wages earned during such shorter period as the injured person may have been in the employer's service.

Note: The object of this part of the form is to ascertain the exact average monthly earnings of the injured person. It is essential that it should be carefully and correctly filled in. If the injured person has been absent from work at any time during the above period of employment state the period and the cause.

Date on which worker commenced duties for the last period or service before accident.....

1	2	3	4	5	6
Month and Year	Basic Pay	Overtime, Bonus and Dearness Allowance	Concession in value of food stuffs	Value of free quarters 10% Basic Wages	Absence
	Tk. Ps.	Tk. Ps.	Tk. Ps.	Tk. Ps.	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

11					
12					
Total earning in the Period from.....)					
To)					
Total including all allowances Tk. Average Monthly Wages Tk.					

SPECIAL NOTES

the worker's period of service was less than one month give the average monthly wages of a workman employed on similar work showing separately Basic wages. Over-time, Dearness allowance Concession in value of good stuffs Value of free Quarters etc.

Basic Wages..... Tk.....
 Overtime..... Tk.....
 Dearness allowance... Tk.....
 Concession of value of Food stuffs value of free quarters Tk.....
 (10 of Basic wages..... Tk.....

If worker was a daily paid employee give (a) daily rate of wages and (b) number of days on a average that he or she would work in a month (a).....

(b)

Are free Quarters Provided?

In column "Absence" give date of going on leave on beginning of period of absence and also date of subsequent resumption of work.

The above statement of earnings, etc. is to the best of my knowledge and belief, accurate.

Date.....

.....
Signature of Employer

(Add below any additional information available regarding the accident)