



Policy No.

Expiry Date

Agency

Date Premium Last Paid

WORK INJURY COMPENSATION CLAIM FORM

Please complete this form fully and return promptly to the address at the end of the document.

Answering these questions does not imply that the injured person is making, or will make a claim and this form is sent without prejudice to the terms and conditions of the Policy. Each question must be answered.

A. THE EMPLOYER

1. Name of Insured Nature of Business

2. Address

..... Tel No.

3. Total Number of Employees

4. GST Registration : YES / NO If YES, Please provide GST No.:

B. THE INJURED PERSON

1. Name

Sex Age Nationality

2. Address

..... Tel No.

3. Occupation

4. Was the injured person engaged in this occupation when the accident occurred ?

5. When did the injured person enter your service ?

6. Is the injured person in your direct employment ? If not, give name and address of employer

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5. Was injured under the influence of intoxicating liquor / drugs ? If so, give full particulars
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6. Was the injured person of any misconduct or disobedience to orders or rules ? If so, please give full particulars
.....
7. State the names of any person who witnessed the accident
8. Was anyone supervising the injured at the time of accident ?
9. In your opinion, was the injured responsible for the accident ?
10. Has the accident been reported to the MOM office and Police ?

D. THE INJURY

1. Nature and region of injury (if reported to Ministry of Manpower (MOM), please also attach copy of notice of Accident Form)
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2. On what date did the injured person actually cease work ?
3. (a) Name of hospital taken to ?
- (b) In or out-patient ?
- (c) State whether still in hospital, or date of discharge
4. Has the injured person been medically examined ? If so, please send report. If not, was free medical examination offered ?
- (a) Has he returned to work ?
- (b) If so, on which date ?
- (c) Is the injured person able to do partial work ?
- (d) If not, when is he likely to be able to return to work ?
5. What is the probable period of incapacity ?
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6. In fatal cases, additionally please furnish.
 - (a) List of dependants, stating names, addresses, ages, relationships and occupations.
 - (b) Date of coroner's inquest, if any.
 - (c) Post mortem report, death certificate, permit to bury and police report.

