



NATIONAL INSURANCE SERVICES Employment Injury Report

Name of Employee	Name of Employer	
NIS Number	Occupation	
	Date of Accident	
	Time of Injury	
Accident details:		
Describe the injury sustained		
Signature of Claimant		Date:
* Signature of Witness (* If applicable)		Date:
Signature of Supervisor		Date:

N.B.: Kindly note that this form must be submitted within 15 days after the injury.