

SECTION "B" - DETAILS OF ACCIDENT/OCCUPATIONAL DISEASE

14a. Date of Accident

YYYY				MM		DD	

14b. Date of development of occupational diseases

14c. Time of Accident _____ A.M./P.M.

15. What was the person engaged in at the time of the Accident? _____

16. Was person duly authorised to perform such duties? Yes No

17. What caused the Accident? _____

18. State how the Accident occurred _____

19. What is the nature of the injury/disease. _____

SECTION "C" - PARTICULARS OF EMPLOYER

20. Name of Employer _____

21. Address of Employer _____
 (STREET)

 (CITY/DISTRICT/COUNTY) (CITY)

22. Nature of Business _____

SECTION "D" PARTICULARS OF INCAPACITY

23. Period of incapacity for work

YYYY				MM		DD	

 to

YYYY				MM		DD	

24. Was person hospitalised? Yes No

25. If answer to 24. is Yes, please state:

26a. Name and address of hospital _____

26b. Period of hospitalisation

YYYY				MM		DD	

 to

YYYY				MM		DD	

26c. Period of constant care and attention

YYYY				MM		DD	

 to

YYYY				MM		DD	

27. Was person paid injury during period of incapacity? Yes No

SECTION "E" - DETAILS OF WORK DONE IN OTHER CARICOM COUNTRIES

28a. EMPLOYMENT RECORD IN CARICOM COUNTRIES. (Use additional sheets if necessary).

NAME OF EMPLOYER	ADDRESS	EMPLOYER REGISTRATION NUMBER (If known)	PERIOD OF EMPLOYMENT					
			FROM			TO		
			YYYY	MM	DD	YYYY	MM	DD

28b. AS A SELF EMPLOYED PERSON

TYPE OF EMPLOYMENT	PERIOD WORKED						COUNTRY
	FROM			TO			
	YYYY	MM	DD	YYYY	MM	DD	

29. **DECLARATION OF APPLICANT**

I hereby declare that to the best of my knowledge and belief the information given is true and correct, and I undertake to notify the National Insurance System of any change that might affect my entitlement to this benefit.

30. **DECLARATION OF WITNESS**

(Where Claimant Cannot Sign)

I have read this application to the applicant, who appears to understand the contents and has affixed his/her mark. To be witnessed by Minister of Religion, J.P., Notary Public, Lawyer, Permanent Secretary, Bank Manager, Senior Official of Social Security Scheme, with accompanying stamp.

30.1 NAME OF WITNESS:

SURNAME OTHER NAME(S)

30.2 ADDRESS OF WITNESS: _____

30.3 SIGNATURE OF WITNESS: _____

29.1 SIGNATURE OF CLAIMANT

DATE:

YYYY				MM		DD

DATE:

YYYY				MM		DD

31. **(FOR OFFICIAL USE)**

31.1 I hereby declare that I have examined and certified the documents submitted by the claimant with the application form.

NAME OF RECEIVING OFFICER _____
SURNAME OTHER NAME(S)

Signature of Receiving Officer

DATE:

YYYY				MM		DD

DOCUMENTARY EVIDENCE REQUIRED

1. Medical Certificates
2. National Insurance/Social Security Card
3. Identification Card
4. Notice of Accident

ACKNOWLEDGEMENT OF CLAIM

Dear Sir/Madam,

Acknowledgement is made of your claim for _____ dated _____ which has been accepted. Kindly look forward in the near future for further communication with regard to your claim.