



**NATIONAL INSURANCE ACT No. 33 of 1986
CLAIM FOR SICKNESS/INJURY BENEFIT**

To be completed by insured person

1. Name in Full
2. Postal Address
3. National Insurance No:
4. Date of Birth
5. Occupation
6. Are you incapable of work as a result of an accident at work? Yes [] No []
If the answer to this question is "yes", please complete page 3 of this form.
7. When you became incapable of work, were you employed [] or self-employed []?
8. I am/was last employed by
.....
(Name and address of employer)
..... am
And worked there until pm
On (Date)

I am incapable of work and I claim benefit from
..... I have not worked since then
Date

I declare that the information given in this claim is true to the best of my knowledge and belief, and that I will NOT receive benefit in respect of a period during which I was at work.

Signature of Claimant:.....
Date:

Please ensure that this claim is signed.

This claim must be submitted to the NIS office within 15 days of the date of the doctor's visit.

If this claim is late, you should submit a letter stating reasons for its lateness.

MEDICAL CERTIFICATE OF INCAPACITY FOR WORK

To be Completed by a Registered
Medical Practitioner

To: Mr/Mrs/Miss

I certify that I have examined you today and that in my opinion you are incapable of work by reason of
.....
.....
.....

In my opinion you should be fit to resume work on
..... (Date)

Name of Medical Practitioner
.....
(IN BLOCK LETTERS)

Signature:.....

Date:

Any other remarks:
.....
.....
.....
.....
.....

*incapacity is due to an injury received
while working for an employer*

1. The accident happened on at
Date

..... Am/pm
Place Time

2. Nature of accident (describe)
.....
.....

3. State briefly how the accident happened.
.....
.....
.....

4. Did you report the accident to your employer?
Yes [] No []

5. If so, when?

6. How long have you been employed with this employer?
.....

7. Names and addresses of other employers for whom you
worked during the last 9 months:
.....
.....
.....

Signature:
Date:

WARNING: Any person who knowingly makes any false statement
or false representation for the purpose of obtaining benefit commits
a criminal offence punishable by fine or imprisonment or both.