

BRANCHES:

HEAD OFFICE: 53 Knutsford Boulevard, Kingston 5. Telephone: 876-968-0600-6, Fax: 876-926-3957

Half-Way Tree: 73 - 75 Half-Way Tree Road. Kingston 10. Telephone: 876-920-0600, Fax: 876-968-0146

Mandeville: Shop #3, Manchester Shopping Centre, Telephone: 876-962-3778, Fax: 876-962-1088

Montego Bay: 7 Market Street, Montego Bay, St. James Telephone: 876-952-1272, Fax: 876-979-0320

Portmore: Lot1, Seagrape Close, Portmore Town Centre. Portmore, St. Catherine Telephone: 876-704-2862, Fax: 876-939-8446

PRELIMINARY PARTICULARS OF ACCIDENT – EMPLOYERS LIABILITY

1	Insured	Policy No.
	Name	
	Address	
	Business	Telephone No.
	State actual total amount for 12 months prior to last renewal, wages \$	
2	Employee	
	Full Name	
	Address	
	Occupation	Married/Single Age
	Is he in your direct employ and receiving wages from you?	National Insurance No.
	If not, state whether a)working as own master?	b) employed by a contractor?
	How long has he been employed by you?	
	Name and address of previous employer	
	What were his average weekly earning during the week preceding the accident?	
	a) Gross \$	b) Nett (i.e. after deduction of Income Tax and National Insurance contribution) \$
3	Accident (if disease, complete section 6)	
	Date	Time a.m./p.m.
	Place	
	Particulars of work upon which the	

employee was engaged at the time

Was he performing
part of his duties?

Did the accident occur while
employees was working with machinery?

If with machinery, state type of machine and the
maker's description, model and year to make

Is the machine your own property?
If not, to whom does it belong?

Did the accident occur as a result of

a) any defect in the premises, equipment or plant? b) the negligence of a fellow employee?

c) any misconduct or disobedience of order on the part of the employee?

How did the accident occur?

Please carefully preserve any broken parts of machinery, plant, equipment, or tool involved in the accident

4 Notification and Witness

To whom was the accident first reported and when?

If not reported,
give explanation

Was entry made
in accident book?
Give name, address and occupation
of any person who witnessed the accident

If the accident was not witnessed, give reasons (if any) for
supposing it arose out of and in the course of employment

Extract of Entry in Accident Book	
Name of Injured person	
Address	Occupation
Name of person making entry	Occupation
Date of accident	Time of accident
Date entry made	Place where accident happened
Cause and nature of injury	
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5 Injuries	
What injury did the employee sustain?	When did he cease work?
Did he receive medical attention?	If so, from whom
Is he detained in hospital	If so, give name of hospital
Is he totally Disabled?	How long is he likely to be totally disabled?
If he has returned to work give date of return	State whether he has resumed light or full duties
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6 Disease (alternative to section 3)	
State nature of disease	
To what is it attributed i.e. nature of substance, material or irritant?	
Was he asked if he had ever suffered from this complaint on entering your employ?	
Date on which you were notified of the disease	
Date on which the Employee ceased work	
What is the nature of the work on which he was engaged	
For what period has he been so engaged?	
Has he received treatment for the disease on your premises?	
Have any other employees suffered from the same disease during the past 3 years?	
Are there special precautions taken at your premises to prevent this particular disease?	
If so, give details	

7 Claim

Has any claim been made by or on the behalf of the injured employee?

If so, give date of claim, by whom
made and whether written or verbal

(All corresponding received should be forwarded with this form)

I/We hereby declare that the information given on this form is true to the best of
my/our knowledge and belief.

Signature

Date