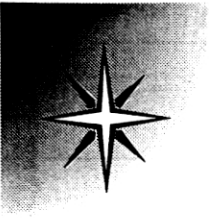


# West Indies Alliance Insurance Company Limited



23 Dominica Drive  
P.O. Box 127, Kingston 5  
Jamaica

Telephone (876) 929-8080-3  
Facsimile (876) 960-3179  
Email [wia@kasnet.com](mailto:wia@kasnet.com)

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## Employers Liability

PLEASE COMPLETE ALL SECTIONS

Dear Sir,  
Madam,

**Reference**                    /                    /

We refer to your advice of an accident to an employee and shall be glad if this form can be completed and returned to the above address as soon as possible. It is to be completed by the Employer and not handed to the Employee.

If any communication relating to this accident is received from or on behalf of the injured employee, please pass it to us unacknowledged without delay.

No payment or promise of payment should be made and liability should not be admitted without our authority.

Yours faithfully,

For the Company

# Preliminary particulars of accident

## 1. Insured

Policy No. ....

Name .....

Address .....

Business .....

Telephone No. ....

State actual total amounts 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 earnings during  
the 13 weeks 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  
employee was working with machinery? .....

If with machinery, state type of machine and the  
maker's description, model and year of 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 orders on the part of the employee? .....

How did the accident occur?  
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**Please carefully preserve any broken parts of machinery, plant, equipment or tool involved in the accident.**