



SAGICOR GENERAL INSURANCE INC.
16 Queen's Park West
Port of Spain
TRINIDAD, W.I.

Workmen's Compensation Claim Form

Name of Insured: _____

Address: _____

Type of Business _____

1 (a) Injured Workman/Employee's name _____

(b) Home address _____

(c) Occupation _____ (d) Permanent or Casual _____

(e) Age _____ (f) No. of years in current occupation _____

(g) Is Workman/Employee married? _____ (h) No. of dependents _____

2 (a) Date of Accident _____ (b) Time _____

(c) Where did the accident occur? _____

(d) When was the accident first reported? _____

(e) To whom was the accident first reported? _____

(f) Were there any witnesses to the accident? _____

(g) If yes, please give names and addresses _____

(h) Did the injured workman/employee cease work as a result of the accident? _____

(i) If yes, on what date? _____ (j) Was he/she treated by a doctor? _____

(k) If yes, please state name and address of Doctor _____

3 Give a detailed description of how the accident occurred _____

4 (a) Was the accident caused by negligence? _____

(b) Was the accident caused by faulty machinery? _____

(c) Was the workman/employee complying with all rules and regulations of the company at the time of the accident? _____

5 (a) State the nature of the injuries sustained _____

(b) Are they severe or minor? _____

6 (a) Were any investigations into the cause of the accident conducted by the company's security or anyone acting on their behalf? _____

7 (a) Has the injured workman/employee returned to work? _____

(b) If yes, please state on date he/she returned to work? _____

I/We certify that the above is a true account to the best of my/our knowledge and belief

Date _____

Signature of Employer

Statement of Wages earned by _____

employed by _____

for twelve months prior to the date of the accident, or for such shorter period as the workman/employee may have been in the Employer's Service.

Week ending	Wages		Week ending	Wages		Week ending	Wages	
1			B/f			B/f		
2			19			36		
3			20			37		
4			21			38		
5			22			39		
6			23			40		
7			24			41		
8			25			42		
9			26			43		
10			27			44		
11			28			45		
12			29			46		
13			30			47		
14			31			48		
15			32			49		
16			33			50		
17			34			51		
18			35			52		
Subtotal c/f			Subtotal c/f			Total		

If the workman/employee has been absent from work at any time during the period (and he/she was not paid) this must be specified and the reason for the absence stated.