

**TRINRE****Reinsurance Company of Trinidad and Tobago Limited**

69 Edward Street, P.O. Box 1087, Port of Spain

Trinidad and Tobago, West Indies

TELEPHONE: (868) 623-1204

FAX: (868) 623-1205

**PRELIMINARY PARTICULARS OF ACCIDENT
(TO BE FURNISHED BY THE EMPLOYER)****Answering these questions does not imply that the injured person is making, or will make a claim.**

QUESTION	ANSWER
Name of Assured	
Business	
Address	
Policy No. Date Premium was last paid	
Name in full of injured person	
Age at last birthday	
Occupation	
Address	
Whether in your service or in the service of a Sub-contractor? If neither, in whose service?	
Length of time in that service?	
Taken home or to hospital?	
If to Hospital, state which, and whether as in or out patient	
If still in hospital, or when discharged?	
Has the injured person returned to work, if so, when? If not, when does he expect to return?	
Date, hour and place of accident	
Cause	
What was the general nature of the work going on?	
What exactly was the injured person doing when the accident occurred?	
Was he performing his regular duties?	
Nature and extent of injury	
Date when injured person ceased work	
By whose negligence, if any – Foreman's, Fellow Labourer's or injured Person's own?	
Name and grade of person in charge	
Names of any persons who witnessed the accident	
When and to whom was the accident first reported?	
Has any entry been made in the accident book by the injured person or his representative if so, on what date?	
Has any claim been made?	
Any further information?	

N.B. For your own protection, please note that your policy provides that the Employer shall not, without the consent in writing of the Company, make any payment settlement, or arrangement in respect of any claim rising from any injury to a Workman, nor shall he, without the like consent, make any admission of liability in respect of any such claim.

 Date

 Signed

52 WEEKS WAGES PRIOR TO DATE OF ACCIDENT

ACCIDENT: _____ CLAIM NO.: _____

STATEMENT OF WAGES earned by _____

while in the employ of _____ as a _____

From _____ To _____

Weeks	\$	C	Weeks	\$	C	Weeks	\$	C
1 st			Brought Forward			Brought Forward		
2 nd			19 th			36 th		
3 rd			20 th			37 th		
4 th			21 st			38 th		
5 th			22 nd			39 th		
6 th			23 rd			40 th		
7 th			24 th			41 st		
8 th			25 th			42 nd		
9 th			26 th			43 rd		
10 th			27 th			44 th		
11 th			28 th			45 th		
12 th			29 th			46 th		
13 th			30 th			47 th		
14 th			31 st			48 th		
15 th			32 nd			49 th		
16 th			33 rd			50 th		
17 th			34 th			51 st		
18 th			35 th			52 nd		
Carried Forward			Carried Forward			TOTAL		

Kindly give reasons for any short or blank weeks:-

I Certify that the above is a correct extract of the Wages Book.

Signature

Date