



QBE Insurance (International) Limited

A member of the worldwide QBE Insurance Group Unique Entity No. S16FC0047K
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ASTRA ASSURANCE AGENCIES LLP

WORK INJURY COMPENSATION CLAIM FORM

IMPORTANT NOTICE

1. Full particulars of the accident are to be furnished by the Employer.
2. The giving of the undermentioned information does not imply that the injured person is making, or will make a claim.
3. This form is sent without prejudice to the terms of the policy.
4. If any details or information are not readily available, please forward this form without delay, and supply the missing details as soon as possible.
5. All written communications received by the Employer concerning the accident to the employee should be forwarded at once to the Company.

1. INSURED

Name of Insured:	Business:
Address:	Policy No. and Expiry Date:
	Tel No:

2. INJURED PERSON

Name:	Nationality:	Age:
Local Address:	Sex:	Tel No:
State occupation in which the injured person is employed.		
Was the injured person engage in this occupation when the accident occurred?		
Is the injured person in your direct employ? If not, give name and address of the contractor who is the employer of the injured person and their insurers. Please also let us have a copy of the contract.		
When did the injured person enter your service?		
How many workers are employed by you at that time of this accident?		
State the name of the hospital the injured person is taken to.		
State if in- or out-patient service was provided.		
State whether the injured person is still in hospital or has been discharged.		
State whether the injured person has returned to work. If so, when?		
Are you satisfied the injured person has met with a bona fide accident arising out of his employment?		
Is the injured person able to do partial work?		
What is the probable period of disablement (approximate)?		
Number of working days per week.		

3. ACCIDENT PARTICULARS

Date:	Time:	Place:
On what date did you receive notice of accident and from whom? If in writing, please attach to this form.		
On what date did the injured person actually cease work?		
What was the general nature of the contact or work going on?		
State nature of injury, regions injured, right or left side?		
Was the injured person under the influence of drink or drugs at the time of the accident?		
Was he guilty of any misconduct or disobedience to orders or rules? If so, please give full particulars.		

