

ALPHA INSURANCE COMPANY LIMITED

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Claim No. _____ State Life Building No. B-1 I.I. Chundrigar Road, P.O. Box No. 4359, Karachi-2. 226045

Workmen's Compensation Claim Form

PARTICULARS OF ACCIDENT TO BE FURNISHED BY THE EMPLOYER

These questions are to be answered whether or not a claim from the injured person has been made or is anticipated
The Insurer does not admit liability by the issue of this form.

NB :- If any detail of information is not readily available PLEASE DO NOT DELAY DESPATCH of this form but send supplementary advices later.

PART I THE EMPLOYER

1. Name of policy-holder
2. Business
3. Address (and nearest Railway Station)
4. Policy No.

PART II THE INJURED PERSON

6. Name
7. Religion or Caste
10. Local Address
11. Mofussil Address
12. Occupation in which injured person is employed
13. On what exact work was injured person engaged at the time of accident?
14. Was injured person actually working when accident occurred?
15. (a) Is injured person in your direct employ? ...
(b) If not, give name and address of Contractor and nature of contract
16. Name of Hospital taken to
17. In or out patient
18. State whether still in Hospital, or when discharged
19. State nature of injury, regions injured and whether left or right
20. Did injured person actually cease work after accident and if so, on what date?
21. Has injured person resumed duty since and if so, on what date
22. What is the probable period of disablement (approximate)
23. Was injured person free from physical infirmity at the time of accident? If not give particulars

PART III THE ACCIDENT

24. Date of accident
Time _____ Place _____
25. Did accident occur actually within your works premises? If not, where did it occur?
26. (a) On what date did injured person report accident?
(b) To whom was report made?
27. Are you satisfied injured person met with a bonafied accident of employment?
28. How exactly did the accident occur? (Give full details)
29. If accident due to machinery, state :-
(a) Whether it was fenced or guarded
(b) Was it being cleaned whilst in motion?
30. Was injured person under the influence of drink or drugs at the time of accident?
31. Was injured person guilty of any misconduct or disobedience to orders or rules? If so, please give full particulars
32. State through whose neglect, if any, it occurred.
33. State names of any two persons who witnessed the accident?
34. Give name of overlooker or person in superintendence

The above replies are accurate to the best of my knowledge and belief.

Dated _____

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Signature of Employer

(Please use reverse of form for any further information or attach a separate report.)

P.T.O.

Statement of wages which have fallen due for payment to _____

in the employ of _____

for 12 months prior to the date of the accident or wages earned during such shorter period as the injured person may have been in the Employer's service.

Note:- The object to this part of the form is to ascertain the exact average monthly earnings of the injured person. It is essential that it should be carefully and correctly filled in. If the injured person has been absent from work at any time during the above period of employment, state the period and the cause.

Date on which worker commenced duties for the last period of service before accident _____

1 **MONTHS AND YEAR	2 Basic Pay		3 Overtime, Bonus and Dearness Allowance		4 Concession in value of food-stuffs		5 Value of free quarters 10% of basic wages		6 **ABSENCES
	Rs.	Ps.	Rs.	Ps.	Rs.	Ps.	Rs.	Ps.	
	1								
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
Total earnings in the period from _____ to _____									

TOTAL INCLUDING ALL ALLOWANCES RS. _____
 AVERAGE MONTHLY WAGES RS. _____

SPECIAL NOTES

If the worker's period of service was less than one month, give the average monthly wages of a workman employed on similar work showing separately Basic Wages, Overtime, Dearness Allowance Concession in value of food-stuffs, value of free quarters etc.

Basic Wages _____ Rs. _____
 Overtime _____ Rs. _____
 Dearness Allowance _____ Rs. _____
 Concession in value of food-stuffs _____ Rs. _____
 Value of free quarters (10% of Basic wages) _____ Rs. _____

If worker was a daily paid employee, give (a) daily rate of wages and (b) number of days on an average that he/she would work in a month (a) _____ (b) _____

Are free Quarter provided? _____

**In column "Absences," give date of going on leave or beginning of period of absence and also date of subsequent resumption of work.

The above statement of earnings, etc. is to the best of my knowledge and belief, accurate.

Dated _____ 19 _____

Signature of Employer _____

(Add below additional information available regarding the accident)

Signature of Employer _____