



**Sagicor General Insurance Inc.**

122 St. Vincent Street, Port of Spain, Trinidad and Tobago, W.I.  
Tel: 1 (868) 623-4744 • Fax: 1 (868) 628-1639  
Website: www.sagicor.com • Email: getcovered@sagicorgeneral.com

**WORKMEN'S COMPENSATION – CLAIM FORM**

(PLEASE COMPLETE ALL DETAILS ON THIS PAGE / PLEASE WRITE IN BLOCK LETTERS AND TICK CORRECT ANSWER BOXES)

**STATEMENT OF AND PARTICULARS OF CLAIM**

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 occurred:

.....

(b) Time Accident occurred:

..... a.m . ..... p.m.

(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:

.....

*Please turn over-leaf >>>*

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.

Name of Insured: ..... Signature of Insured: ..... Date: .....

*Please turn over-leaf >>>*

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           |            |
| <b>Subtotal c/f</b> |            | <b>Subtotal c/f</b> |            | <b>Total</b> |            |

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.