



Orient Insurance Ltd (PB 4720)
 Head Office 133, New Bullers Road,
 Colombo 04,
 Sri Lanka
 Tel (+94 11) 203 0300

**Workmen's Compensation Insurance
 Notice of Accident**
 Date of issue:

Claim No.

N.B.

1. Full particulars of the accident are to be furnished by the Employer.
2. Giving the under mentioned information does not imply that the injured person is making, or will make a claim.
3. His 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 not later than 3 months from the date of the accident 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.

The Employer

Name of the Policy Holder -----

Business ----- No. of Policy -----

Address----- Phone No -----

The injured Person

Name----- Date of birth -----

Address -----

----- I.D. card No. -----

State occupation in which the injured person is employed----- Sex -----

On what exact work was he/she engaged at the time of accident -----

Is the injured person in your direct employ? Yes No.
 Is the Injured person under contract? Yes No
 If 'Yes' give name and address of Contractor and & nature of contract -----

When did the injured person enter your Service ?-----
 Are you satisfied that the injured person has met with a Bona fide accident arising from his employment ? Yes No

----- Is the injured person able to do partial work ? Yes No

Was the injured person taken to hospital Yes No

If yes, kindly submit/indicate
 1. Diagnosis card, BHT, medical certificate
 2. Name of hospital - -----
 3. Date of admission-----Discharge-----

Have you made any other claim in respect of this workman under the; Present policy or any other policy ? Yes No

What is the approximate period of incapacity-----

If yes, give Policy / Cliam No-----

Was the injured workman subject to any physical Infirmity or deformity at the time of accident ? Yes No.

Has the injured person returned to work ? If yes, when ?-----

If yes give details -----

The Accident

Date ----- Time-----

Did the injured workman actually cease work after the accident and on what date did the worker cease work ?-----

Place-----

On what date did you receive notice of accident

Did the accident occur outside your work Premises?

And from whom ?-----

If yes, give details. -----

State through whose negligence if any, the accident

Occurred-----

State full details of accident-----

Was the accident due to machinery or gearing ? Yes No. State nature of injured regions right left side -----

If yes, whether it was fenced or guarded ? Yes No -----

Being cleaned whilst in motion ? Yes No. -----

Was the worker under influence of drugs/drinks -----

