


**WITHOUT PREJUDICE**

**WORKMEN'S COMPENSATION  
INSURANCE CLAIM FORM**

**Jubilee Insurance Centre, 14 Parliament Avenue  
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**IMPORTANT NOTICE**

- 1 No liability under the policy is admitted by issue of this form
- 2 Do not answer any third party communications about this Accident, but send them to us for action
- 3 All questions on this form must be answered
- 4 Notwithstanding this form; you are required to comply with all the, provisions of the Workmen's Compensation Act (Cap. 236) relating to the procedure of reporting accidents

<b>Section A</b>		
Employer		
1	Name of Employer and Full Address	
2.	Name of trade or business carried on	
3.	a) Policy Number b) Date of Last Renewal of Policy	a) b)
<b>Section B</b>		
Injured Workman (Employee)		
1.	a) Name and Full Address of injured workman b) Occupation c) Date of birth d) Sex e) Married or single f) Ugandan Identity Card Number	a) b) c) d) e) f)
2.	Is the injured workman related to the Employer? If so, what is the relationship	
3.	Is the injured workman related in the Employer's direct employ or that of a subcontractor?	
4.	State fully the nature of the work the injured workman was doing at the time of the Accident.	
5.	Was the work that he was doing part of his normal duties ?	

a)	Where did the Accident occur?	
b)	When did the Accident occur?	
c)	Was the injured workman perfectly sober at the time of the accident?	
d)	a) State fully how the accident occurred  b) Were there any eyewitnesses to the Accident? If so, state their full names and addresses and append hereto there signed statements of the occurrence.	a)  b)
e)	Do you consider that the accident was caused by: a) Carelessness of the injured workman? If so, state fully why?  b) Carelessness of a fellow employee or of any other person? If so, state fully why.  c) i) Any defect of machinery or plant the injured workman was operating at the time of the Accident? If so, state fully the nature of defect and the type of the plant or machinery.  ii) Had such defect been brought to your notice prior to the accident?	a)  b)  i)  ii)
f)	a) Were the precautions taken in compliance with the Factories Act?  b) If not, were your premises visited by the Factories Inspectorate?  c) If so, state the date of the last visit.  d) If so, did their investigations clear you or did they prefer charges against you under the Factories Act?  e) If charges were preferred against you, state fully the nature of charges.  f) Have you been brought before a court of law to answer the charges referred? If so, what was the outcome of the court proceedings?	a)  b)  c)  d)  e)  f)
6.	a) State generally the nature of injuries sustained by the injured workman.  b) Have the injured workman's injuries been attended to by a Medical Practitioner? If so, give the name and full address of Medical Practitioner.	a)  b)
7.	Was the injured workman suffering at the time of the Accident from ill health or bodily defect or infirmity of any description? Were you aware of such ill health, defect or infirmity?	

<p>8. State the rate of pay of the injured workman at the time of the accident”</p> <p>a) Per hour Or b) Per shift Or c) Per week Or d) Per Month</p> <p>In addition to any cash wages, what other allowances, i.e, food, fuel, housing, etc, of a constant character, if any, are given to the injured workman?</p>	<p>a)</p> <p>b)</p> <p>c)</p> <p>d)</p>
<p>9 State how long was the injured workman off duty as a result of the Accident?</p>	
<p>10. State whether the injured workman is still in your employment.</p>	

I ..... the Employer, hereby certify that the above statements represent a full true account to the best of my knowledge and belief.

DATED at ..... this ..... day of .....

.....  
Signature & stamp of the Insured.