

**BRANCHES:**

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Portmore: Lot1, Seagrape Close, Portmore Town Centre. Portmore, St. Catherine Telephone: 876-704-2862, Fax: 876-939-8446

**PRELIMINARY PARTICULARS OF ACCIDENT – EMPLOYERS LIABILITY**

|          |  |   |
|----------|--|---|
| <b>1</b> | <b>Insured</b>   | <b>Policy No.</b>   |
|          | <b>Name</b>  |   |
|          | <b>Address</b>   |   |
|          | <b>Business</b>  | <b>Telephone No.</b>  |
|          | State actual total amount for 12 months prior to last renewal, wages \$      |   |
| <b>2</b> | <b>Employee</b>  |   |
|          | <b>Full Name</b>   |   |
|          | <b>Address</b>   |   |
|          | <b>Occupation</b>  | <b>Married/Single</b> <b>Age</b>  |
|          | Is he in your direct employ and receiving wages from you?                    | <b>National Insurance No.</b>   |
|          | If not, state whether a)working as own master?                               | b) employed by a contractor?  |
|          | How long has he been employed by you?  |   |
|          | Name and address of previous employer  |   |
|          | What were his average weekly earning during the week preceding the accident? |   |
|          | a) Gross \$  | b) Nett (i.e. after deduction of Income Tax and National Insurance contribution) \$ |
| <b>3</b> | <b>Accident (if disease, complete section 6)</b>                             |   |
|          | <b>Date</b>  | <b>Time</b> <b>a.m./p.m.</b>  |
|          | <b>Place</b>   |   |
|          | <b>Particulars of work upon which the</b>                                    |   |

employee was engaged at the time

Was he performing  
part of his duties?

Did the accident occur while  
employees was working with machinery?

If with machinery, state type of machine and the  
maker's description, model and year to make

Is the machine your own property?  
If not, to whom does it belong?

Did the accident occur as a result of

a) any defect in the premises, equipment or plant?                      b) the negligence of a fellow employee?

c) any misconduct or disobedience of order on the part of the employee?

How did the accident occur?

Please carefully preserve any broken parts of machinery, plant, equipment, or tool involved in the accident

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4 Notification and Witness

To whom was the accident first reported and when?

If not reported,  
give explanation

Was entry made  
in accident book?  
Give name, address and occupation  
of any person who witnessed the accident

If the accident was not witnessed, give reasons (if any) for  
supposing it arose out of and in the course of employment

|  |   |
|--|---|
| Extract of Entry in Accident Book  |   |
| Name of Injured person   |   |
| Address  | Occupation  |
| Name of person making entry  | Occupation  |
| Date of accident   | Time of accident                                  |
| Date entry made  | Place where accident happened                     |
| Cause and nature of injury   |   |
|  |   |
|  |   |
| <b>5</b> Injuries  |   |
| What injury did the employee sustain?  | When did he cease work?                           |
| Did he receive medical attention?  | If so, from whom                                  |
| Is he detained in hospital   | If so, give name of hospital                      |
| Is he totally Disabled?  | How long is he likely to be totally disabled?     |
| If he has returned to work give date of return   | State whether he has resumed light or full duties |
| <b>6</b> Disease (alternative to section 3)  |   |
| State nature of disease  |   |
| To what is it attributed i.e. nature of substance, material or irritant?                 |   |
| Was he asked if he had ever suffered from this complaint on entering your employ?        |   |
| Date on which you were notified of the disease   |   |
| Date on which the Employee ceased work   |   |
| What is the nature of the work on which he was engaged                                   |   |
|  |   |
| For what period has he been so engaged?  |   |
| Has he received treatment for the disease on your premises?                              |   |
| Have any other employees suffered from the same disease during the past 3 years?         |   |
| Are there special precautions taken at your premises to prevent this particular disease? |   |
| If so, give details  |   |

**7 Claim**

Has any claim been made by or on the behalf of the injured employee?

If so, give date of claim, by whom  
made and whether written or verbal

(All corresponding received should be forwarded with this form)

I/We hereby declare that the information given on this form is true to the best of  
my/our knowledge and belief.

**Signature**

**Date**