



An affiliate of VICTORIA MUTUAL

BRITISH CARIBBEAN INSURANCE COMPANY LIMITED

Head Office: 36 Duke Street, P.O. Box 170, Kingston, Jamaica, W.I.

Tel: (876) 922-1260, (876) 618-2242; Fax: (876) 922-4475

Private and Confidential.

Claim No

Answering these questions does not imply that the injured person is making, or will make, a claim.

Preliminary particulars of accident are to be furnished by the Employer.

EMPLOYER:

Name _____

Address _____

Business _____ Policy No. _____

Telephone Nos. (W) _____ (H) _____ (C) _____

Present No. of Employees _____ Amount of last week's total wages _____

INJURED PERSON:

Name _____ Occupation _____

Address _____ Age _____ Department _____

Was he/she in your direct employment? [] yes [] no If so, since what date? _____

Name and Address of Injured Person's Doctor _____

If the person is a male, please state:- (1) Whether married _____ (2) No. of Children under age of 16 _____

Name of Hospital taken to _____ In or out-patient? _____

Is he/she likely to be totally disabled for a longer period than three (3) days? [] yes [] no

ACCIDENT:

Date _____ Time _____ Place _____

Did he/she work after the accident? [] yes [] no If so, to what date? _____

Was it reported? [] yes [] no (1) If so, to whom? _____

(2) On what date? _____

The Statement below need NOT be completed if a claim is not likely to arise.

Statement of Injured Person’s Weekly Cash Earnings

The Employer is requested to state below details of the Wages paid by him to the Injured Person in each week for 52 weeks prior to the Date of the Accident, or such shorter period as he may have been employed. If absent or time lost in any week or weeks, state reason.

N.B. – The earnings must be stated in full.

Week Ending			Week Ending			Week Ending		
			<i>Brought forward</i>			<i>Brought forward</i>		
<i>Carried forward</i>			<i>Carried forward</i>				<i>Total</i>	