



NATIONAL INSURANCE CORPORATION OF TANZANIA LTD.

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WORKMEN'S COMPENSATION CLAIM FORM

WC/CF No.

Claim No.

Dear Sir,

With reference to your advice of an accident will you kindly return this form with the particulars filled in when the matter shall have our immediate attention

Yours faithfully,

PARTICULARS OF ACCIDENT

1. **EMPLOYER:** Full Name Policy No.
 Address
 Trade or Business
 Was any power-driven machine in use in }
 You premises at the time of the accident? } Have you any other insurance }
 against accident's to employees? }

2. **INJURED PERSON:** Full Name Age
 Address
 Occupation
 Was he/she in your direct employ?
 Does his/her name appear in your wages book?
 Has compensation been claimed or received by the injured person from any other source?

3. **DETAIL OF ACCIDENT:** Time and date On the day of 19.....
 a.m.
 p.m.

Address where it occurred
 Please state what the injured person was doing at the time and describe in detail what occurred

Did the accident result from any defect in the premises or plant?
 Did the accident result from negligence of another person?

Who saw the accident occur? Name
 Address
 Name
 Address

When was the accident reported by the injured person? At on the day of 19.....
 p.m.
 a.m.

To whom was the accident reported by the injured person?
 4. **INJURIES:** Describe fully their nature and extent
 State from what Doctor or at what Medical }
 Institution the injured person is receiving }
 Treatment a.m.

When did the injured person ceased to work ? At on the day of 19.....
 a.m.

When did the injured person ceased to work? At On the day of 19.....
 p.m.

Is the injured person able to perform any or part of }
 His/her duties? }
 If not how long do you think it will be before he/she }
 Will be able to do so? }

Cash earnings per month
 Any other allowances. (Please Insert Details)

Food allowance
 Fuel allowance
 House allowance.....
 Overtime allowance

Transport allowances

I hereby declared that the statements and particulars on this form are in all respects true to the best of my knowledge and belief.

Date

work comp claim