



THE NEW INDIA ASSURANCE COMPANY LTD
PO Box 2907, Ruwi, PC 112
Sultanate of Oman

REPORT ON ACCIDENT TO WORKMEN

The issue of this form is not to be taken as admission of liability nor answering these questions implies that the Injured Person is making, or will make, a claim

If any detail of information is not readily available, please do not delay submission of this report. Such particulars may be sent later.

All Written Communications should be forwarded to the Company.

CLAIM NO.

THE EMPLOYER

01	Name of Policyholder	
02	Business	
03	Address	
04	Policy Number	

THE INJURED PERSON

01	Name	
02	Local Address	
03	State occupation in which injured Person is employed	
04	Was the injured person engaged in this occupation when the accident occurred? If not, state fully the nature of the work he was doing at the time of the accident	
05	Is the injured person in your direct employment? If not give name and address of Contractor/Sponsor	
06	When did the Injure Person enter your service	
07	Name of Hospital taken to	
08	In or Out Patient	
09	State whether still in hospital, or when	

	discharged	
10	Has the injured person been medically examined? If so, please send report. If not, was free medical examination offered?	
11	State whether returned to work and if so, when	
12	Are you satisfied that the injured person has met with a bona-fide accident of employment	
13	Is the injured person able to do partial work	
14	What is the probable period of the disablement (approximate)?	

THE ACCIDENT

Date of Accident -

Time of Accident -

01	Upon what date did you receive notice of accident and from whom? If in writing please attach it to this form	
02	On what date did the injured person actually cease work?	
03	State how this accident occurred (<i>If space is not sufficient, please give details on a separate signed sheet</i>)	
04	If from machinery a) Whether it was fenced or guarded b) Was it being cleaned whilst in motion?	
05	What was the general nature of the contract or work going on?	
06	State nature of injury	
07	State regions injured	
08	State whether right or left side	
09	Was the injured person under the influence of drink or drugs at the time of the accident?	
10	Was he guilty of any misconduct or disobedience to orders or rules? If so, please give full particulars	
11	State through whose neglect it occurred, if any	
12	State the names of any persons who witnessed the accident	

The above replies are correct to the best of my/our knowledge and belief.

DATE

SIGNATURE OF EMPLOYER

SALARY DETAILS

BASIC

:

STAMP

ALLOWANCE

:

TOTAL

: