



**Prime Insurance Co. Ltd.**  
**Head Office, Dhaka.**  
**Claims Deptt.**

**WORKSMEN'S COMPENSATION CLAIM FORM**

**PARTICULARS OF ACCIDENT TO BE FURNISHED BY THE EMPLOYER**

These question are to be answered whether or not a claim from the injured person has been made or is anticipated. The Insurer does not admit liability by the issue of this form.

N.B. If any details or information is not readily available PLEASE DO NOT DELAY DESPATCH of this from but send supplementary advice later.

<b>PART-1 EMPLOYER</b>		
01. Name of Policy Holder		
02. Business		
03. Address		
04. District		
05. Policy no.		
<b>PART II- INJURED PERSON</b>		
06. Name	8. Age	9. Sex
07. Religion or cast		
10. Local Address		
11. Mofussil Address		
12. Occupation in which insured person is employed		
13. On what exact work was injured person engaged at time of accident.		
14. Was injured person actually working when accident occurred ?		
15. (a) Is the injured person in your director employment? (b) If not give name and address of Contractor and nature of contract.		
16. Name of the Hospital taken to		
17. In or out patient.		
18. State whether still in hospital or when discharged		
19. State nature of injury regions injury and whether left or right		
20. Did injured person actually cease works after accident and if so on what date?		
21. Has the injured person resumed duty since and if so on what date?		
22. What is the probable period of disablement (approximate) ?		
23. Was injured person free from physical infirmity at time of accident ? If not give particulars.		

<b>PART III- THE ACCIDENT</b>	
24. Date of accident	
25. Old accident occur actually within your works premises? If not where did it occurred?	
26. (a) On what date did injured person report accident? (b) To whom the report was made?	
27. Are you satisfied that the injured person met with a <b>bonafide</b> accident of employment?	
28. How exactly did the accident occur? (Give full details)	
29. If accident due to machinery state : (a) Whether it was fenced or guarded? (b) Was it being cleaned whilst in Motion?	
30. Was injured person under the influence of drink or drugs at time of accident?	
31. Was injured person guilty of any misconduct or disobedience to orders or rules? If so please give full particulars.	
32. State through whose neglect, if any, it occurred?	
33. State names of any two persons who witness the accident	
34. Give name of worker or person in superintendence	

The above replies are accurate to the best of my knowledge and belief.

Date

Signature of Employer

### **STATEMENT OF INJURED PERSONS EARNINGS**

Statement of wags which have fallen due for payment to ----- the employee of ----- for 12 months prior to the date of accident or wages earned during such shorter period as the injured person may have been in the employer's service.

Note : The object of this part of the form is to ascertain the exact average monthly earings of the injured persons. It is essential that it should be carefully and correctly filled in. If the injured person has been absent from work at any time during the above period of employment, state the period and the cause.

Date on which worker commenced duties for the last period or service before accident -----

SL no.	1		2		3		4		5		Absence
	Month	Year	Basic Pay		Overtime, Bonus and Dearness Allowance		Concession in value of food stuffs		Value of free quarters 10% of Basic wages		
			Tk.	Ps.	Tk.	Ps.	Tk.	Ps.	Tk.	Ps.	
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
Total including all allowance Tk.											
Average monthly wages Tk.											

Total earning the period from ----- to -----

**SPECIAL NOTE**

If the workers' period of service was less than one month give the average monthly wages of a workman employed on similar work showing separately Basic wages. Overtime Dearness allowance Concession in value of food stuffs value of Free Quarters etc.

Basic wages	Tk,
Overtime	Tk.
Dearness allowance	Tk.
Concession in value of foodstuffs	Tk.
Value of free Quarters	Tk.
10% of Basic Wages	Tk.
<b>TOTAL</b>	<b>Tk.</b>

If worker was a daily paid employee give (a) daily rate of wages and (b) number of days on a average that he/she would work in a month (a) Tk.-----

(b) -----

Are free Quarter Provided ? -----

In column Absence give date of going on leave on beginning of period of absence and also date of subsequent resumption of work.

The above statement of earnings etc, is to the best of may knowledge and belief accurate

Date

Signature of Employer

(Add below any additional information available regarding the accident )

Signature of Employer