



The Oriental Insurance Company Limited
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Issuing Office

EMPLOYERS LIABILITY CLAIM FORM

PARTICULARS OF ACIDENT TO BE FURNISHED BY THE EMPLOYER

These questions 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

NB- If any details of information are not readily available PLEASE DO NOT DELAY DESPATCH of this form but send supplementary advices later.

PART-I : THE EMPLOYER	
1. Name of Policy holder 2. Business 3. Address (and nearest railway station) 4. District	5. Policy No. _____
PART-II: THE INJURED PERSON	
6. Name 7. Religion or caste 10. Local Address 11. Mofusil address 12. Occupation in which injured person is employed 13. Was the injured person actually Working when the accident occurred? 14. Is the Injured person in your direct employ ?(if not, give name and address of contractor and nature of contract) 15. Name of the Hospital taken to 16. State whether still in hospital or when discharged. 18. State whether still in hospital or when discharged 19. State nature of injury, regions injured and whether left or right. 20. Did injured person actually cease work, and if so, on what date? 21. Has injured person resumed duty since and if so, on what date? 22. What is the probable period of disablement (approximate)? 23. Was the injured person free from physical infirmity at the time of the accident? If not, give particulars.	8. Age _____ 9. Sex _____ 17. In or out-patient _____

PART - III	
24. Date of Accident 25. Did the accident occur actually within your work premises? If not, where did it occur? 26. On what date did you receive notice of accident and from whom? If in writing please attach to this form 27. Are you satisfied injured person met with a bonafide accident of employment? 28. How exactly did the accident occur? 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 the time of the accident? 31. Was he guilty of any misconduct or disobedience to order or rules? If so, please give full particulars. 32. State through whose neglect if any, it occurred 33. State the names of any two persons who witnessed the accident. 34. Give name of over looker or person in superintendence.	Time _____ Place _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

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

Date _____

Signature of Employer _____

STATEMENT OF INJURED PERSON'S EARNINGS

Statement of wages which have fallen due for payment to _____
 _____ in the employ of _____ for 12 months period
 to the date of his accident or wages earned during such shorter period as he may have been in the
 employer's service.

Note: The object of this part of the form is to ascertain the extra average monthly earnings of the injured
 person. It is essential that it should be carefully and correctly filled in, if the injured person has been in
 service for less than twelve months his date of entry into service is essential. So also if he was absent
 continuously for more than 14 days (within 12 months) between the date of his entry into service and that
 of accident, then the period of service should be counted from the date of resumption of duty.

Date on which the injured person first entered service _____ 20
 Date on which the injured person resumed duty after a continuous absence of more that 14
 days _____ 20

Months and Year	Wages earned (Including overtime)		Value of bonus* food subsidy. If any free quarters and any other allowance etc.		Absences**
	Rs.	P.	Rs.	P.	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Total earnings in the period from.....
Total Including All Allowances Rs.....

MONTHLY AVERAGE WAGES _____ RS. _____

SPECIAL NOTICES

If the worker's period of service was less than one month, give the
 Average Monthly wages a Workman employed on similar work. } Rs. _____
 Please state the exact nature of the allowance and or bonus..... }
 In column "absences" please give date of going on leave or beginning of the period of absence and also
 date of subsequent resumption of work.

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

Date 20

Signature of Employer
 (Add below any additional information available regarding the accident)

Signature of Employer