



Bajaj Allianz General Insurance Company Limited

REPORT OF ACCIDENT TO WORKMEN

(The issue of this form is not to be taken as an admission of liability)

PARTICULARS OF WORKMEN'S COMPENSATION ACCIDENT TO BE FURNISHED BY THE EMPLOYER

1. THE EMPLOYER

a. Name of the policy holder

Grid for Name of the policy holder

c. Address

Grid for Address

c. Trade or Business

d. Telephone No.

Grid for Telephone No.

e. Policy no.

Grid for Policy no.

Policy period

Grid for Policy period

2. THE INJURED PERSON

a. Full Name

Grid for Full Name

b. Age

Grid for Age

yrs

c.. Sex

Grid for Sex

Table with 2 columns and 2 rows for State occupation and Number of working days per week

<p>f. Was the injured person engaged in this occupation when the accident occurred? If not, state the exact nature of the work</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>g. Is the injured person in your direct employment ? If not, give name and address of Contractor and their insurers (Attach contract agreement)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>h. When did the injured person enter into service?</p>	
<p>i. Has the workman ever received compensation for a previous disability? If so give, details.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>j. Did the workman suffer from any physical disability prior to the accident?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>k. Name of hospital taken to</p>	
<p>i) In or out-patient</p>	
<p>ii) State whether still in hospital, or discharged. If discharged, when?</p>	
<p>l. Has the injured person been medically examined? If so, please send report.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>m. State whether the injured person has returned to work, and if so, when?</p>	
<p>n. Are you satisfied the injured person has met with a bonafide accident .</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>o. Is the injured person able to do partial work?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>p. What is the probable period of disablement ?</p>	

2. The Accident	
a. Day, Date, Time & Place	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yy)
b. On what date did you receive notice of accident and from whom ? If in writing, please attach to this form	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yy)
c. On what date did the injured person actually cease work?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (dd/mm/yy)
d i) Brief description of accident	
ii) Describe nature of injury	
e. What was the general nature of the contract or work going on?	
f. If accident was due to machinery or gearing, please state :	
i) whether it was fenced or guarded ?	
ii) was it being cleaned whilst in motion ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii) did the workmen receive proper training:	
(I) in the job he was performing at the time of the accident	<input type="checkbox"/> Yes <input type="checkbox"/> No
(II) in the use of the machine which caused the injury	<input type="checkbox"/> Yes <input type="checkbox"/> No

g. State names of persons who witnessed the accident	
h. Was the injured person under the influence of alcohol or drugs at the time of the accident?	
i. Was he guilty of any misconduct or disobedience to orders or rules? If so, please give full particulars	
j. State through whose negligence, if any, the accident occurred	
k. State clearly the nature of injury	
l. If accident was reported to Police, state Report No. and Police Station.	
3. ADDITIONAL PARTICULARS FOR FATAL CASES ONLY	
Please furnish	
a. Date of Inquest, if any	
b. Post Mortem Report	
c. Death Certificate	
d. Police Report	

Statement of wages which have fallen due for payment to _____
 in the employment of _____ for 12 months prior to the date of this accident, or
 wages earned during such shorter period as he may have been in the Employer's service stating the date on which he was engaged.

(Note: The object of his form is to ascertain the exact Monthly earnings of the injured person. 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 period of his employment, please state the period and the cause.)

Month	Wage (Rs.)	Bonus, Value of Free Housing & Any other Allowances (Excluding Transport Allowances) (Rs.)
	Total including all allowances	

I/We the undersigned hereby declare that the above statements and particulars are true and complete and I/we declare and agree that this declaration and the answers given above shall be held to be promissory and shall be the basis of the contract between me/us and the company.

Place : _____

Date : _____

 Proposer's Signature



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