BCIC
An affiliate of VICTORIA MUTUAL

EMPLOYERS LIABILITY CLAIM FORM

Private and Confidential.

Answering these questions does not imply that the injured person is making, or will make, a claim.

Preliminary particulars of accident are to be furnished by the Employer.

EMPLOYER/INSURED:

Policy No.

Name

Address

Business

Telephone Nos. Work Home Mobile

INJURED PERSON:

Name

Address

Occupation

Department Age

Was he/she in your direct employment? ☐ Yes ☐ No If so, since what date?

Name and Address of injured person's Doctor

Name of Hospital taken to In/out patient

Is he/she likely to be totally disabled for a longer period than three (3) days? ☐ Yes ☐ No

What are the wages of the employee?

Weekly

Monthly

ACCIDENT:

Enter time for example. 2:30 pm

Date of accident | Time | Place

Did he/she work after the accident? ☐ Yes ☐ No — If so, to what date?

Was it reported? ☐ Yes ☐ No — (i) If so, to whom?

(ii) On what date?

DESCRIPTION OF THE ACCIDENT

Was machinery being used? ☐ Yes ☐ No

If so, please state exactly what machinery was involved in the accident

Was injury caused by:- (i) Plant not owned by you? ☐ Yes ☐ No

(ii) Anyone not employed by you? ☐ Yes ☐ No

Was he/she doing his/her ordinary work? ☐ Yes ☐ No

If not, what was he/she doing?

Nature of injury

Name(s) of Witness(es) who actually saw the accident

Phone no. of Witness(es)

Further information, if any

N.B. – The earnings must be stated in full.

Week Ending		Week Ending		Week Ending	
		Brought forward		*Brought forward*	
Carried forward		*Carried forward*		***Total***	

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

Date

Signature of Employer

Submit

Print

Submit completed form and e-mail it to eforms@bcicjamaica.com. You will be required to sign the form at a later date, when next you visit our office or that of your Broker.

or

Print completed form and submit to our office by either e-mail, fax, post or hand delivery.

B R I T I S H C A R I B B E A N I N S U R A N C E C O M P A N Y L I M I T E D

Head Office: 36 Duke Street, Kingston, Jamaica, West Indies.
Telephone: (876) 922-1260, (876) 618-2242; Telefax (876) 922-4475
Email: info@bcicjamaica.com