



Plot No. 1131, Parirenyatwa Road, Fairview, Lusaka
 P O Box 32825, LUSAKA, ZAMBIA.
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NICO INSURANCE ZAMBIA LIMITED

EMPLOYER'S LIABILITY CLAIM FORM

Policy Number Branch or Agent to whom
 you paid your last premium

INSURED

Name

Address

..... Telephone No.....

Trade or Occupation (if more than one state all)

Full Name of injured person

Address..... Age

Occupation How long has he/she been in your direct employ?.....

Is injured person married/single?*

**Delete as applicable*

Date of Accident Time hours.

Place

Date Reported To whom

Was an entry made in the Accident Book at that time?

Description of work on which injured person engaged

If machinery was involved, please give details of make and type

Explain fully how accident occurred

.....

Names and Addresses of witnesses of accident

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State nature of injury (if to limb or eye state right or left)

.....

Date when injured person ceased work

How long do you expect him to be off work?

Has the injured person made a claim? If so, please give particulars (see note below).....

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NOTE:

Correspondence and claims. All communications and claims received by you concerning the accident are to be forwarded immediately without acknowledgement. The Corporation should also be advised of any communications received from the Factories Inspectors.

I/We declare that these particulars are true and complete. I/We understand that the information given on this form may be submitted to solicitors for use in connection with any litigation arising out of this accident.

Date *Signature of Insured*

(If a Limited Company, give status of signatory)