Meanwood General Insurance Ltd

Stand No. 1070, Fairview

Great East Road, P.O Box 31334, Lusaka

Tel: +260 211 22 22 13

+260 211 22 22 28

Email: insure@meanwoodgeneral.co.zm

EMPLOYER'S LIABILITY CLAIM FORM

(The issue of this form does not imply Admission of Liability on the part of the Company)

Name of Insured……
Address…… Telephone No……
Policy No…… Fax 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 employment?……
Marital status……

Date of accident…… Time……
Place……
Date Reported…… To whom……
Was an entry made in the Accident Book at that time?……
Description of work on which injured person engaged……
Type and make of machinery which was being used, if any……
How did the accident occur……
……
……
……
……
Names and Address of witnesses of accident……
……
……
State nature of injury……
……
Date when injured person ceased work……
How long do you expect him/her to be off work?……
Has the injured person made a claim? If so, please give details……
……

I/We declare that these particulars are true and complete to the best of our knowledge. 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.

Signature:…… Date:……

(If limited company, give status of signatory)