

An ISO 9002  
Certified Company



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## IGI GENERAL INSURANCE LIMITED

### REPORT OF ACCIDENT TO WORKMAN

The issue of this form is not to be taken as admission of liability nor answering these questions implies that the injured person is making a claim. If any detail / information is not readily available please do not delay despatch of the report. Such Particulars may be sent later. All written communications shall be forwarded to the Company.

#### THE EMPLOYER

1. Name of Policy Holder \_\_\_\_\_
2. Location of risk \_\_\_\_\_
3. Business \_\_\_\_\_
4. Address \_\_\_\_\_
5. No. of Policy \_\_\_\_\_

#### THE INJURED PERSON

1. Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_
2. Local Address \_\_\_\_\_
3. Complete Address \_\_\_\_\_
4. Name and Address of father \_\_\_\_\_
5. State occupation in which the injured person is employed \_\_\_\_\_
6. Was the injured person engaged in this occupation when the accident occurred? If not state fully the nature of the work he was doing at the time of the accident \_\_\_\_\_
7. Is the injured person in your direct employment? If not, then give name and address of Contractor \_\_\_\_\_  
\_\_\_\_\_
8. When did the injured person enter your service? \_\_\_\_\_
9. Name of the hospital taken to? \_\_\_\_\_ In or Out patient \_\_\_\_\_
10. State whether still in hospital, or when discharged \_\_\_\_\_

12. Has the injured person been medically examined? If so please send report if it was not a free medical examination?

\_\_\_\_\_

13. State whether returned to work and if so, when? \_\_\_\_\_

14. Are you satisfied that the injured person has met with a bonafied accident of employment? \_\_\_\_\_

15. Is the injured person able to do partial work? \_\_\_\_\_

16. What is the probable period of the disablement (approximate)? \_\_\_\_\_

### THE ACCIDENT

Date \_\_\_\_\_ Time \_\_\_\_\_ Place \_\_\_\_\_

1. On what date did you receive notice of accident and from whom? If in writing please attach to this Form \_\_\_\_\_

\_\_\_\_\_

2. On what date did the injured person actually cease work? \_\_\_\_\_

3. State cause of accident and if from machinery or gearing

(a) Whether it was fenced or guarded? \_\_\_\_\_

(b) Was it being cleaned whilst in motion? \_\_\_\_\_

4. What was the general nature of the contract or work going on? \_\_\_\_\_

5. State nature of injury \_\_\_\_\_

6. State regions injured \_\_\_\_\_

7. State right or left side \_\_\_\_\_

8. Was the injured person under the influence of alcohol or drugs at time of the accident ? \_\_\_\_\_

9. Was he guilty of any misconduct or disobedience to orders or rules ? If so, please give full details \_\_\_\_\_

\_\_\_\_\_

10. Did the accident occur through anyone's negligence? If so, please give full details \_\_\_\_\_

\_\_\_\_\_

11. State the names of any person who witnessed the accident \_\_\_\_\_

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

*Date* \_\_\_\_\_

*Signature of Employer* \_\_\_\_\_