



FIRST ASSURANCE COMPANY LTD

- **HEAD OFFICE** - First Assurance House, Clyde Gardens, Gitanga Road, Lavington, P O Box 30064-00100, Nairobi, Kenya
Tel: 254-020-567374/577737 Cell: 0722-444117/0733-605480 Fax: 570534/572204 Email: hoinfo@firstassurance.co.ke, www.firstassurance.co.ke
- **MOMBASA BRANCH** - First Assurance House, Nyali Road, Off Mombasa-Malindi Road, P O Box 43559, Mombasa, Kenya
Tel: 254-041-476494/476495, Fax: 254-041-476495 Email: msainfo@firstassurance.co.ke

EMPLOYER'S NOTICE OF INJURY FORM

1. This form, fully completed, must be returned without delay, and within seven days at least, so that the Company may be fully in a position to decide as to the admission or non-admission of liability for the accident in the event of the injured person making a claim.
2. Policyholders are reminded that the company cannot hold itself responsible for payments made to injured employees without its authority.
3. The Employer's attention is particularly drawn to the fact that his interests and those of the Company are identical, in as much as the future premiums payable naturally depend upon the amount of claims paid by the company. He should therefore do everything possible to prevent any but bona fide claims admitted.
4. Before making payments of salary or wages to injured employees details of your liability should be obtained from your labour Officer, and from us.
5. If, in your opinion, the accident was caused as a result of the employee's serious and wilful misconduct, the labour officer and we must be supplied with details.
6. Please attach a copy of the advice of accident, from which you have completed for the labour officer. Return of the claim form should not, however, be held up on that account.
7. The insured is requested to consult with the company before committing himself to any payment to the insured employee.

THE EMPLOYER

Name of Employer _____

Policy No. _____

Postal Address _____ Postal Code _____

Trade or business _____

Telephone No. _____

Date of Payment of last premium _____ To whom paid _____

PARTICULARS OF THE INJURED EMPLOYEE

Name of Injured Person _____

Residence _____ Age last Birthday _____ (Years)

What is his/her occupation (describe fully)? _____

Where can he/she be seen at present? _____

Is he/she Married, Single, a Widower or Widow? _____



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Has he any children (please give details) _____

Earnings at time of accident:

Cash _____ Food _____

Fuel _____ (per Month/Week/30)

Quarters _____ (day ticket)

Bonus/ Regular Overtime _____

If on hourly basis show rate and number of hours per month _____

If the employment is of a casual nature, state how he/she was being paid and when his/her weekly average with you and other employers would amount to _____

Date he/she entered your service _____

Was injured person in your direct employment and pay? _____

Or in the employ of a contractor to you? _____

THE ACCIDENT

Describe precisely what the Injured person was doing at the time of the Accident, and how the Accident occurred _____

Was the injured person doing the work he/she should been doing and in the way in which it should have been done? _____

Describe the nature of the contract or work in progress _____

When did the accident occur? On _____ the _____ day of _____

At _____ o'clock in the _____

Where did the accident occur? _____ was he/she sober? _____



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Did the injured person notify the accident to you (or to your representative) before he/she voluntary left your service? _____

When was the accident first reported to you? _____ If not reported to You, to whom was it reported? _____

To which labour officer was the accident reported? _____

Name and Address of Medical Practitioner who attended _____ of _____

If the accident is connected with machinery or gearing, was machinery or gearing fenced or guarded? _____

Was the accident due to the employee's serious and willful misconduct or that of another person? If so, give details _____

Describe fully what the negligence was _____

Names and address of persons who witnessed the 1) _____

Accident _____ 2) _____

THE RESULTS OF THE ACCIDENT

Describe as well as you can, in ordinary language, the nature of injuries (if to Eye, Arm or Legs, state whether right or (left) _____

The Injured Person left off work on the _____ day of _____ Year _____

Is the Injured person confined to bed or house? _____

Is the Injured person able to attend to any portion of his/her duties? _____

If returned to whole or any part of former work state when _____ Year _____

If not, when is he/she expected to do so? _____ Year _____

I/We warrant that the foregoing statement is a true account to the best of my/our knowledge and belief.

Date _____ Signature _____