





**SECTION "A" - TO BE COMPLETED BY APPLICANT (CONT'D)**

**28. RELAPSE:**

IS THIS APPLICATION IN SUPPORT OF A RELAPSE?

YES  NO

(i) (If "YES", describe the activities in which you were engaged when the relapse occurred).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(ii) (State the exact place/location where the relapse occurred).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**29. PLEASE INDICATE THE METHOD OF PAYMENT OF BENEFIT:**

MAIL TO:  POSTAL ADDRESS

DEPOSIT TO:  FINANCIAL INSTITUTION

(If method of payment is "FINANCIAL INSTITUTION", complete below).

NAME OF FINANCIAL INSTITUTION:

ADDRESS:   
(STREET)

(CITY/DISTRICT/COUNTY)

ACCOUNT NUMBER:

**DECLARATION**

I declare that to the best of my knowledge and belief the information given by me is true and correct and I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable on summary conviction to a fine of three thousand dollars (\$3,000.00) and to imprisonment for two years in accordance with Sect 33, NI Act Chap 32:01.

I hereby give consent for the Medical Report at Section "B" to be sent to the National Insurance Board in support of my Application for Injury Benefit.

\_\_\_\_\_  
SIGNATURE OR MARK OF APPLICANT

DATE:   
YYYY MM DD

**PARTICULARS OF WITNESS TO MARK (Where applicant cannot sign)**

NAME:  SURNAME  OTHER NAME(S)

ADDRESS:   
(STREET)

(CITY/DISTRICT/COUNTY)

OCCUPATION:

VALID IDENTIFICATION:  PASSPORT  
 DRIVER'S PERMIT  
(Tick appropriate box)  ELECTORIAL I.D.

NUMBER:

DATE:   
YYYY MM DD

\_\_\_\_\_  
SIGNATURE OF WITNESS TO MARK



**SECTION "C" - TO BE COMPLETED BY EMPLOYER**

An employer is required to furnish the Board with information relating to any accident arising out of and in the course of employment whereby personal injury is caused to any person employed by him.

1. EMPLOYER'S NAME:

2. EMPLOYER'S REGISTRATION NO:

3. TELEPHONE NO:

4. TYPE OF BUSINESS: \_\_\_\_\_

5. DESCRIBE THE WORK THE INJURED PERSON DOES: \_\_\_\_\_

6. IS HE/SHE AN APPRENTICE?:  YES  NO

7. STATE BELOW THE WAGES/SALARY PAID OR PAYABLE IN:

(i) Week/Month prior to the week of accident.

(ii) Week/Month in which accident occurred.

Formula:  

$$\text{Weekly Earnings} = \frac{\text{Monthly Earnings}}{13} \times 3$$
 (e.g \$  $\frac{800 \times 3}{13}$  = \$ 184.62 )

8. ARE THE PARTICULARS STATED AT NOS. 15 TO 27 OF SECTION "A" ACCURATE?  YES  NO

(If "NO", please give details):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. (i) DID ACCIDENT OCCUR DURING WORKING HOURS?  YES  NO

(ii) WAS EMPLOYEE ENGAGED IN HIS/HER DUTIES AT THE TIME OF THE ACCIDENT?  YES  NO

(If "NO" to either (i) or (ii) give details):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. (i) DID THE INJURED PERSON WORK DURING THE INJURY PERIOD?  YES  NO

(If "YES", please state period): \_\_\_\_\_

11. DID EMPLOYEE DIE AT THE TIME OF THE ACCIDENT OR AFTER?  YES  NO

(If "YES", please state date of death):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
YYYY		MM		DD	

12. HAS THE ACCIDENT BEEN ENTERED IN THE EMPLOYER'S ACCIDENT BOOK?  YES  NO

**EMPLOYER'S DECLARATION**

I declare that to the best of my knowledge and belief the information given by me is true and correct and I am aware that if there is any statement in this declaration which is false in fact or which I know or believe to be false or do not believe to be true, I am liable on summary conviction to a fine of three thousand dollars (\$3,000.00) and to imprisonment for two years in accordance with Sect 33, NI Act Chap 32:01.

NAME:  SURNAME

OTHER NAME(S)

POSITION:

**COMPANY  
STAMP  
(If any)**

DATE:

\_\_\_\_\_  
SIGNATURE

