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WORKMAN'S ACCIDENT REPORT

The issue of this form is not to be taken as an admission of liability, nor does answering these questions imply that the injured person is making or will make a claim. Please do not delay dispatch of this report, even if full information is not readily available. Such particulars may be sent later. All written communication should be forwarded to The Beacon Insurance Company.

Employer

1. Name of insured: _____
2. Business/trade: _____
3. Address: _____

   _____ Tel. no. _____
4. Policy no. _____
5. Expiry date: _____ (mm/dd/yy)

Injured person

1. Name: _____ Age: _____
2. Address: _____
3. Name and address of parent, guardian or beneficiary: _____

   _____

   _____
4. Occupation: _____
5. Please state fully the nature of the work the injured person was doing at the time of the accident:

   _____
6. (a) Is the injured person in your direct employ? ☐ **Yes** ☐ **No**

   (b) If **No**, please give name and address of contractor: _____

   _____

7. When did the injured person enter your service? _____

8. Name of the hospital the injured person was taken to: _____

9. Is the injured person an in-patient or out-patient? _____

10. (a) Has the injured person been medically examined? ☐ **Yes** ☐ **No**

    (b) If **Yes**, please attach report.

    (b) If **No**, was free medical examination offered? ☐ **Yes** ☐ **No**

11. Please state whether the injured person returned to work and, if so, when? _____

    _____

12. Are you satisfied the injured person met with a bona fide accident during employment? ☐ **Yes** ☐ **No**

13. Is the injured person able to do partial work? ☐ **Yes** ☐ **No**

14. What is the probable period of disablement? _____

Accident details

1. Date: _____ (mm/dd/yy) Time: _____ Date work stopped: _____(mm/dd/yy)

2. Place: _____

3. (a) Cause of accident: _____

    (b) If from machinery or gearing,

        (i) Was it fenced or guarded? ☐ **Yes** ☐ **No**

        (ii) Was it being cleaned whilst in motion? ☐ **Yes** ☐ **No**

4. What protective gear was the injured workman wearing at the time of the accident?

    _____

5. What was the general nature of the contract or work going on? _____

    _____

6. Brief details of injury: _____

    _____

    _____

    _____

    _____

7. Was the injured person under the influence of alcohol or drugs at the time of the accident? ☐ **Yes** ☐ **No**

8. (a) Was the injured person guilty of any misconduct or disobedience to orders or rules? ☐ **Yes** ☐ **No**

   (b) If **Yes**, please give full particulars. _____

   _____

   _____

9. Please state through whose neglect the accident occurred, if any: _____

   _____

   _____

10. Please state the names of any person(s) who witnessed the accident.

    _____ _____

    _____ _____

    _____ _____

Statement of wages

The object of this statement is to ascertain the injured person's average monthly earnings. Please therefore observe the following instructions very carefully. Failure to do so will entail unnecessary correspondence and cause undue delay in the settlement of the claim.

(1) If the injured person has been in the employer's service for a continuous period of more than one month immediately preceding the accident, then all wages that have been paid or fallen due for payment to him in each month of such period (not exceeding twelve preceding months in all) must be entered in the statement.

(2) If the injured person has been in the employer's service for less than one month, then the wages paid to another workman **employed on the same kind of work** by the employer during the twelve months immediately preceding the accident must be entered in the statement.

Month	Wages		Bonus, value of free quarters, and any other allowances	
	$	¢	$	¢
Totals				
	Total including all allowances			

(3) Were the above stated wages paid or fallen due for payment to the injured person? _____

If not, state to whom _____

(4) Was the injured person absent from work at any time during the above stated period for fourteen or more consecutive days? ☐ Yes ☐ No

If so, give the following particulars:

Absent for _____ days from _____ to _____

Absent for _____ days from _____ to _____

Absent for _____ days from _____ to _____

Absent for _____ days from _____ to _____

Absent for _____ days from _____ to _____

Declaration

I/we hereby declare that the foregoing particulars are true and correct in every respect.

Signature of employer: _____ **Date:** _____ (mm/dd/yy)