

WAGES STATEMENT

1. Complete this statement to show the BASIC PAY* of the Injured Person for the past three months of during such short period he has been employed by you.

If paid monthly enter basic pay for each month		If paid weekly enter basic pay for each week		Dates of any absences from work and reasons for absences
Month Ending	Basic Pay	Week Ending	Basic Pay	
1		1		
		2		
		3		
		4		
		5		
2		6		
		7		
		8		
		9		
		10		
3		11		
		12		
		13		
		14		
		15		

2. Basic Pay* of the Injured Person on the date of the accident.

* “ Basic Pay” means the rate of payment for work done by a worker on a time or piece basis and includes increments but excludes overtime payment, bonuses, cost of living and other allowances and all other remuneration.

** The claim should be submitted to SHARJAH INSURANCE COMPANY PSC within 14 days from the date of accident..