

SHARJAH INSURANCE COMPANY

P.O. BOX 792, SHARJAH

NOTICE OF INJURY FORM

The Employer's attention is particularly drawn to the fact that his interests and those of the Company are identical inasmuch 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 being admitted to benefit under the policy and to get the injured person back to work as soon as reasonably possible.

1. DETAILS OF THE INJURED PERSON	Name _____ Age _____ Address _____ Married/Single _____ Nationality _____ Period in your service _____ Normal Occupation _____
2. Is he/she in your direct employ? If not, give name and address of Contractor.....	
3. State fully the work upon which he/she was engaged at the time of the accident.....	
4. State ON THE PACK OF THIS FORM the earnings during the past 3 months and his/her basic pay at the time of the accident.	
5. THE ACCIDENT	Date..... Time..... Place.....
6. Date the injured person ceased work.....	
7. How did the accident occur? (THIS IS MUST)	
8. When and to whom did he/she first report the accident?.....	
9. Is this accident reportable under any Factory Act or similar legislation?..... N.B. Please ensure that you have complied with your obligations in this respect.....	
10. State name of any witnesses.....	
11. State the nature of the injuries.....	
12. What medical attention is he/she receiving?	
13. Was he/she under the influence of drugs or drinks or was he/she guilty of any misconduct or breach of orders or rules? If so, please explain fully.....	
14. Was the accident due to anyone's negligence? If so, give particulars.....	
15. Is he/she able to perform any part of his/her duties?	
16. What is the probable period of disablement, in your opinion?.....	

We certify that the above and the wages statement overleaf are true to the best of my/our knowledge and belief.

Policy No.-----

Employer's Signature-----

Address-----

Date-----

Occupation-----

N.B. – The Wages Statement overleaf should be completed, if a claim has been or is likely to be made.

CLAIM NO.-----