



Inspac (PNG) Limited
WORKERS COMPENSATION

**WOC
2007**

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A. NOTES

- 1. It is most important that all questions are answered. If not applicable, write “n/a”.
- 2. The issue of this claim form is not an admission of liability by Inspac.
- 3. If there is insufficient space of further comment on any area is considered necessary, please use additional pages.
- 4. The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by :-
 - a) the laws of this country

B. EMPLOYER DETAILS

- 1. Name of Employer:.....
Business or profession:.....
- 2. Address:
- 3. Tel No:..... Fax No:.....

C. ACCIDENT DETAILS

- 1. Day of week.....Date:...../...../..... Time:.....am/pm
- 2. State exact place of locality where injury sustained.....
- 3. Did the injured person give notice of injury ?.....To whom was it given ?

NOTE: If the injured worker failed to give notice of the injury as soon as practicable after its happening, he/she is require to supply a written signed statement containing his/her explanation, and showing reasonable cause why notice of injury was not given.

- a) When it was give ?.....am/pm
Date:.....
Verbally or in writing:.....

- b) Give the names of person or persons who were actual eye witnesses of the injury.
.....

- 4. Describe fully the circumstances leading to the accident

..... } It is necessary for THE RESPONSIBLE
..... } PERSON MAKING THIS REPORT to
..... } satisfy him/herself that the information given
..... } herein is in accordance with the facts.
..... }
..... } The injured worker’s own statement regarding
..... } injury is NOT acceptable without proper
..... } support

D. INJURED EMPLOYEE DETAILS

1. Name of Injured Person:.....
2. Address:
- Occupation
3. Industry in which employed:.....
- How long in you employment:.....
- E.g. farming, coal mining, clothing manufacturer, road construction, flour milling
4. State the operation at which the Worker was engaged at the time of accident:.....
-
5. a) Was the injury sustained in the course of worker’s employment with you ?.....
-
- b) Did injury arise out of worker’s employment with you ?.....
-
- c) Was the worker in the service of any other employer at the time ?.....
-
6. Was the worker injured while doing something which he/she was not part of his/her particular employment to do, or was he/she injured at a place or part of the works where he/she was not required to be by his/her particular employment ?.....

7. Schedule

Age	Married or Single	No. of Days worked per week	Total earning in your employment for previous 12 months (or part thereof)	Average weekly earnings	Is board and lodging provided in addition to weekly earnings	Date and time discontinued working	Length of time worked on day when injury occurred
						Date: Time:a.mp.m	

8. Is the injured person related to you ?.....
 If so, what is the relationship and does he or she reside with you ?.....
9. State clearly if injured person is casual, permanent or working under contract:.....

E. COMPENSATION DETAILS

1. a) Has the injured person returned to work ? Yes No
 b) If so, when ?
2. Is compensation being claimed or received from any other sources ?.....

3. Was the injured worker free from physical infirmity at the time of the accident ?.....

4. Are you aware whether the worker has ever previously suffered from a similar injury ?.....

5. Was the part affected by this accident quite normal before the accident Yes No
If "NO" please give full details

6. Would such physical defect or infirmity have contributed towards this accident ?.....

7. If the worker has received any medical, surgical or hospital treatment please state under which hospital and forward medical certificate if available.
 a) Name of hospital :.....
 b) Whether in-patient or out-patient:.....
 c) Name and address of doctor:.....
8. Supplementary remarks as to anything affecting the cause or probable consequences of injury. (If it is considered practicable to give an opinion, please state the approximate period of incapacity which it is expected will result from the injury).

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9. Details of dependants (to be completed after consultation with employees)

Names	Date of Birth	Relationship	State whether wholly or partially dependant

F. NOTES

1. The company will require an explanation report in the event of :
 - a) The injury being caused by any defect in works, ways, machinery, or plant;
 - b) The violation of any statutory or other regulations by the “worker” at the time of the injury;
 - c) Any serious and willful misconduct on the part of the “worker” contributing to the injury;
 - d) The injury having been caused by the negligence of any person other than the employer.
2. Witnesses’ statements, if procurable, should be obtained and forwarded, especially:
 - a) If doubt exist as to the circumstances under which a reported injury occurred ;
 - b) In the event of hernia, sprains, strains, shock, jars, and case where the injury is not apparent;
 - c) Where the injuries sustained are obviously serious.

Any change in the address of an injured worker is to immediately notified to the company.

G. DECLARATION

I/We declare that:

1. The information and answers given above are correct to the best of my/our knowledge and belief.
2. I/We understand the claim may be refused or reduced if information is withheld.
3. I/We authorize Inspac (PNG) Limited to disclose information contained herein to Inspac's advisors, reinsurers and to other insurers. I/We authorize Inspac to obtain from any other party information that is, in Inspac's view relevant to this claim.

Signature of insured:.....Date:___/___/___