



SACOS INSURANCE COMPANY LIMITED
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EMPLOYERS' LIABILITY CLAIM FORM

NOTE (1) The issue of this Form does not imply admission of Liability on the part of the Company.

(2) The Insured is requested to answer all questions fully and return without delay. Dashes are insufficient.

1. INSURED:

NAME:
 ADDRESS:
 Trade or Business:
 Telephone No.

2. POLICY:

POLICY NO.
 Period of Insurance:

3. DETAILS OF ACCIDENT:

Date: Time: (a.m. or p.m.)

Place:

Brief details of Accident:

.....

Did Police take particulars? If so, which Police Station:

(Please provide relevant statements, reports etc... from victim, eye witnesses, police etc...)

4. a) DETAILS OF PERSONAL INJURIES:

Name	Age	Occupation	Length of employment in present job	Current Monthly Salary	Nature Of Injuries

(b) Name and address of hospital/clinic attended:
.....
.....

(c) Is there any other insurance cover in force:

YES

NO

d) (i) Has any claim been made upon you?

YES

NO

(ii) If so, by whom and for what amount?
.....

Note: Any correspondence must be forwarded immediately to the Company

e) Has employee resumed work?

Yes

NO

If so, when?

f) Have you any way admitted Liability?

g) In your opinion who was negligent?

h) Give names and addresses of witnesses:

1.

2.

3.

Note: Please attach Statement from Witnesses

I/We declare the foregoing particulars to be true to the best of my/our knowledge and belief,
and I/We further declare that I/We do not hold any other policy indemnifying me/us in respect
of this accident.

Date:

Signature of Insured: