



SOCIAL SECURITY BOARD

(Chapter 44 of the Laws of Belize)

CLAIM IN RESPECT OF INJURY BY ACCIDENT

B.O. NO.:
H.O. NO.:

I. PARTICULARS OF CLAIMANT

FULL NAME:

ADDRESS:

SOCIAL SECURITY NUMBER

DATE OF BIRTH

OCCUPATION.....

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EMPLOYER'S NAME

ADDRESS

DATE OF ACCIDENT

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Time of Accidentam/pm

Place of Accident

Nature of the Incapacity or Injury

Names and Addresses of Witnesses

(i)

(ii)

(iii)

Description of Accident

.....

.....

.....

Signature of ClaimantDATE

II FIRST MEDICAL CERTIFICATE

TO: Mr/Mrs/Miss

I have examined you today and I certify that you are incapable of work by reason of (NATURE OF INCAPACITY)

In my opinion you will remain so incapable from

to.....Date of Examination

Signature of Medical Practitioner

Please print Name and Address

DATE

III TO BE COMPLETED BY EMPLOYER

REGISTRATION NUMBER

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1. NAME:.....
ADDRESS:
2. (a) Date of Accident/...../..... (b) Time of Accidenta.m./p.m.
(c) Place of Accident
- (d) Occupation of claimant on date of accident
- (e) When did Claimant start working with you?
- (f) Was employment full-time or part-time
3. ACTUAL EARNINGS 4 WEEKS BEFORE THE ACCIDENT:
4th week 3rd week 2nd week 1st week
4. BETWEEN WHAT HOURS WAS THE CLAIMANT EXPECTED TO WORK ON THE DAY OF THE ACCIDENT
5. WAS THE CLAIMANT AUTHORIZED TO BE IN THAT PARTICULAR PLACE AT THE TIME OF THE ACCIDENT? YES NO
6. WHAT WAS CLAIMANT DOING AT THE TIME OF THE ACCIDENT?
7. CAUSE OF ACCIDENT IF CAUSED BY MACHINERY:
(a) Type of machine causing accident?
- (b) Was machine moved by mechanical power at time of accident? YES NO
8. DESCRIBE HOW THE ACCIDENT HAPPENED:
9. WHAT INJURIES WERE OBSERVED AT THE TIME OF THE ACCIDENT?
10. (a) By whom was the accident reported?
- (b) To whom was the accident reported? post
- (c) Time the accident was reported: a.m./p.m.
- (d) Date the accident was reported:/...../.....
11. GIVE DETAILS OF ANY DISCREPANCIES BETWEEN THE INFORMATION REPORTED AND THAT REVEALED BY YOUR INVESTIGATIONS
12. ACCIDENT WHILE TRAVELLING:
(a) Was transport operated by you or on your behalf? YES NO

- (b) Type of transport:
- (c) Was the transport operating in the ordinary course of public transport service?
YES NO
- (d) Was the claimant using the transport with your expressed or implied permission.
YES NO
- (e) Remarks:
.....
.....
.....
- (f) I CERTIFY THAT THE INFORMATION I HAVE GIVEN ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Employer Date

FOR OFFICIAL USE ONLY

IV	TO BE COMPLETED BY BRANCH OFFICER:	YES/NO
1.	Is claimant registered? (If not, R4 must be attached)
2.	Was the work on which the claimant was engaged insurable?
3.	Did the accident arise out of and during the course of employment?
4.	Did the claimant's incapacity result from the accident?
5.	Was the accident book checked?
6.	Is the claimant a retired person?
7.	State any discrepancies found between the information reported and that revealed in your investigation:
8.	If accident was not an employment accident, give reasons:
9.	Other remarks:

10. Documents attached: (1)
 (2)
 (3)

SIGNATURE OF BRANCH OFFICER: DATE.....

V. TO BE COMPLETED BY BENEFITS SECTION: YES/NO

1. Determination of relevant circumstances:
- a) Was claimant's employment insurable?
 - b) if claimant is over 60 years, is he/she a retired person.
 - c) Did accident arise:
 - (i) out of claimant's employment?
 - (ii) in the course of his/her employment?

2. Decision on claim (give reasons if disallowed):

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3. Entitlement to Benefit:
- a) Injury Benefit period fromto
 - b) Injury Benefit payable fromto
 - c) Weekly rate: \$.....
 - d) Reason for non-payment:
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SIGNATURE OF OFFICERDATE: