

(Chapter 44 of the Laws of Belize)

CLAIM IN RESPECT OF INJURY BY ACCIDENT

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

1. 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 Accident am/pm

Place of Accident

Nature of the Incapacity or Injury

Names and Addresses of Witnesses _____

(i) _____

(ii) _____

(iii) _____

Description of Accident _____

Signature of Claimant..... DATE

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

toDate 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): _____

3. Entitlement to Benefit:

- a) Injury Benefit from _____ to _____
- b) Injury Benefit payable from _____ to _____
- c) Weekly rate: \$ _____
- d) Reason for non-payment: _____

SIGNATURE OF OFFICER _____ DATE _____

SOCIAL SECURITY
(Chapter 34 Laws of Belize)

WITNESS REPORT

Our Ref:.....

Date:.....

SOCIAL SECURITY NUMBER

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Dear Sir/Madam:

Mr/Mrs/Miss.....of

.....

(Address)

has claimed that he/she had an accident which occurred on

.....I understand you may be

able to help in establishing the facts.

Will you please answer the questions below and return this letter to me as soon as possible. Please give as fully as you can, any information about the accident which you think may help.

The information you give will normally be used only by us, but sometimes details may have to be disclosed to the claimant.

Yours faithfully,
SOCIAL SECURITY.

Inspector
FOR MANAGER

TO:

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REPLY

1. Did you actually see the accident happen? YES _____ NO _____

2. Please describe exactly what you saw or say what other knowledge you have of the accident.

3. If you did not actually see the accident happen, did the claimant mention it to you?

YES _____ NO _____ If so, when?

SIGNATURE: _____

DATE: _____