



The Oriental Insurance Company Limited  
Head Office, A-25/27, Asaf Ali Road, New Delhi-110 002

Issuing  
Office

**EMPLOYERS LIABILITY CLAIM FORM**

**PARTICULARS OF ACIDENT TO BE FURNISHED BY THE EMPLOYER**

These questions are to be answered whether or not a claim from the injured person has been made or is anticipated .

The Insurer does not admit liability by the issue of this form

NB- If any details of information are not readily available PLEASE DO NOT DELAY DESPATCH of this form but send supplementary advices later.

PART-I : THE EMPLOYER	
1. Name of Policy holder	5. Policy No. _____
2. Business	
3. Address (and nearest railway station)	
4. District	
PART-II: THE INJURED PERSON	
6. Name	8. Age _____ 9. Sex _____
7. Religion or caste	
10. Local Address	17. In or out-patient _____
11. Mofusil address	
12. Occupation in which injured person is employed	
13. Was the injured person actually Working when the accident occurred?	
14. Is the Injured person in your direct employ ?(if not, give name and address of contractor and nature of contract)	
15. Name of the Hospital taken to	
16. State whether still in hospital or when discharged.	
18. State whether still in hospital or when discharged	
19. State nature of injury, regions injured and whether left or right.	
20. Did injured person actually cease work, and if so, on what date?	
21. Has injured person resumed duty since and if so, on what date?	
22. What is the probable period of disablement (approximate)?	
23. Was the injured person free from physical infirmity at the time of the accident? If not, give particulars.	



**STATEMENT OF INJURED PERSON'S EARNINGS**

Statement of wages which have fallen due for payment to \_\_\_\_\_  
 \_\_\_\_\_ in the employ of \_\_\_\_\_ for 12 months period  
 to the date of his accident or wages earned during such shorter period as he may have been in the  
 employer's service.

Note: The object of this part of the form is to ascertain the extra average monthly earnings of the injured person. It is essential that it should be carefully and correctly filled in, if the injured person has been in service for less than twelve months his date of entry into service is essential. So also if he was absent continuously for more than 14 days (within 12 months) between the date of his entry into service and that of accident, then the period of service should be counted from the date of resumption of duty.

Date on which the injured person first entered service \_\_\_\_\_ 20

Date on which the injured person resumed duty after a continuous absence of more than 14 days \_\_\_\_\_ 20

Months and Year	Wages earned (Including overtime)		Value of bonus* food subsidy. If any free quarters and any other allowance etc.		Absences**
	Rs.	P.	Rs.	P.	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					

Total earnings in the period from.....

Total Including All Allowances Rs.....

MONTHLY AVERAGE WAGES \_\_\_\_\_ RS. \_\_\_\_\_

**SPECIAL NOTICES**

If the worker's period of service was less than one month, give the Average Monthly wages a Workman employed on similar work. Please state the exact nature of the allowance and or bonus.....

Rs. \_\_\_\_\_

In column "absences" please give date of going on leave or beginning of the period of absence and also date of subsequent resumption of work.

The above statement of earnings, etc., is to the best of my knowledge and belief, accurate.

Date 20

Signature of Employer

(Add below any additional information available regarding the accident)

Signature of Employer