

WORK INJURY COMPENSATION CLAIM FORM

Important Notice

The acceptance of this form is NOT an admission of liability on the part of NTUC Income. Any documentary proof or report required by NTUC Income shall be furnished at the expense of the Policyholder or Claimant. To avoid delay in processing your claim, please submit the duly completed claim form together with the supporting documents as soon as possible.

Policy Number:	
Claim Number:	

Particulars of Insured

Name of Company	Nature of business
Address of Company	Total Number of Employees
Contact No. (O) _____ (H) _____ (Hp) _____	Number of Workmen
Is your Company/Business GST registered?	

Particulars of Injured Worker

Full Name of Worker (as shown in NRIC/Passport)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	NRIC No.	Date of Birth(dd/mm/yyyy)
Address		Citizenship	
Occupation	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	Date Worker joined service (dd/mm/yyyy)	
Is the worker under your direct employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, please give the name and address of his direct employer:			

Accident Details (Please complete ALL questions)

Date of Accident (dd/mm/yyyy)	Place	Date you were informed of Accident (dd/mm/yyyy)	Date of Admission (dd/mm/yyyy)
1. Please give detailed account of the accident.			
2. Please give names of the persons who witnessed the accident.			
3. Please give details of injury sustained (state injured body part and nature of injury).			
4. State the name of hospital/clinic where injured worker received treatment.			
5. If hospitalised, please state whether still in hospital or when discharged. Is follow-up treatment required?			
6. Has the worker returned to work? (If so, to state the date of return)			

GI/PC/09/2009

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The below documents which have been **marked** will be enclosed with the claim form.

- Police Report/Traffic Accident Report**

- Report(s) lodged with Ministry of Manpower**

- Original Medical bills & receipts**

- Medical leave certificates**

- Work Permit (applicable for foreign workers)**

- Contract/invoice for the project/works if you are a sub-contractor or are insured under the business policy**

GI/PC/09/2009

Please arrange to submit the necessary documents listed above. We also wish to inform you that all necessary documents must be submitted with the claim form to enable your claim to be processed within 14 days. Please note that the list of documents is not exhaustive. Other documents may be requested if necessary.