



TURKS AND CAICOS ISLANDS NATIONAL INSURANCE BOARD CLAIM FOR EMPLOYMENT INJURY BENEFIT

- **INJURY BENEFIT** is a National Insurance benefit you may be able to get as a result of personal injury caused by accident or occupational disease.
- **WHO THIS FORM IS FOR?** Employed persons who are incapable of work as a result of an accident.
- **WHEN TO FILL IN THIS FORM?** Within six days of the accident.
- **WHAT YOU HAVE TO PROVIDE?** Medical certificate. Official accident report.

SECTION A: DETAILS OF CLAIMANT

- Name: _____ : _____
Last First Middle Initial(s)
- National Insurance Number: _____
- Date of Birth: _____ / _____ / _____
Day Month Year
- Address: _____
- Email: _____
- Telephone No.: _____
- Occupation: _____
- What was the date you became incapable of work (*Attach a medical certificate*): _____ / _____ / _____
Day Month Year
- Date of Accident: _____ / _____ / _____
Day Month Year
- Time of Accident: _____
- Give names of two persons who witnessed the accident:
i. _____ ii. _____
- Describe briefly where the accident happened.

SECTION B: DETAILS TO BE PROVIDED BY YOUR EMPLOYER

- Employer's Name: _____
- Employer's Registration No.: _____
- Telephone No.: _____
- Employer's Address: _____
- Date of Accident: _____ / _____ / _____
Day Month Year
- Expected working hours of employee on date of accident: _____

7. Place of accident:

8. Cause of accident (Give brief description of the circumstances):

9. If it was a traffic accident, state in what way it was related to claimant's work (please provide Police Report):

10. Please supply details of the claimant's earnings for the period immediately prior to the date of the accident.

Month	1st Week	2nd Week	3rd Week	4th Week	5th Week	Total for month

Employer's Signature: _____

Date: ____ / ____ / ____
Day Month Year

SECTION C: PAYMENT INFORMATION

Please deposit my benefit payment to my: Savings Chequing | CIBC/FCIB Scotia Bank RBC

Account No.: _____ in the name of _____

I do not have an account.

Please make cheque payable to _____

Please make my cheque payable to my Employer (as stated above) as I will be receiving full salary.

SECTION D: DECLARATION AND CLAIM

Any person who knowingly makes any false statement or false representation or who produces or furnishes or knowingly allows to be produced or furnished any document or information, which he knows to be false, commits a criminal offence punishable by a fine or imprisonment or both.

I CLAIM Injury Benefit.

Claimant's Signature: _____

Date: ____ / ____ / ____
Day Month Year