



LONPAC INSURANCE BHD

(Incorporated in Malaysia)

101 Thomson Road #18-01 United Square Singapore 307591

Tel: (65) 6250 7388 Fax: (65) 6253 2058

WORKMEN'S COMPENSATION INSURANCE NOTICE OF ACCIDENT

- N.B.
1. Full particulars of every accident are to be furnished by the Employer.
 2. The giving of the undermentioned information does not imply that the injured person is making, or will make a claim.
 3. This form is sent without prejudice to the terms of the policy.
 4. If any details of information are not readily available, please forward this form without delay, and advise the missing details as soon as possible.
 5. All written communications received by the Employer concerning accidents to employees should be forwarded at once to the Company.

THE EMPLOYER

1. Name of Policyholder	
2. Business	
3. Address	
4. No. of Policy	

THE INJURED PERSON

5. Name	
6. Age & Nationality	
7. Local Address	
8. Whether married or single	
9. State occupation in which injured person is employed	
10. On what work was the injured person engaged at the time of the accident?	
11. Was the injured person actually working when the accident occurred	
12. Is the injured person in your direct employ? If not please give name and address of Contractor	
13. When did the injured person enter your service?	
14. If taken to hospital please state :- (a) Name of Hospital (b) Whether still in hospital (c) Whether in or out patient or date of discharge	
15. If not taken to hospital, please state whether being medically attended and if so by whom	
16. Was the injured person free from Physical Infirmary at the time of the accident? If not give particulars	
17. State whether returned to work, and if so, when?	
18. Are you satisfied the injured person has met with a bona-fide accident of employment?	
19. Is the injured person able to do partial work?	
20. What is the probable period of disablement (approximate)?	

THE ACCIDENT

21. As regards the accident please state	Date:	Time:
	Place:	Date ceased work:
22. Upon what date did you receive notice of the accident and from whom?		
23. Was anyone superintending the work the injured employee was engaged upon? If so, please state name		
24. a) How exactly did the accident occur? b) Has a report been made to the Labour Department?		
25. State nature and region of injury		
26. If the injury was caused by machinery or gearing:- (a) Whether it was fenced or guarded? (b) Was it being cleaned whilst in motion?		
27. What was the general nature of the contract or work going on?		
28. Was the injured person under the influence of drink or drugs at the time of the accident?		
29. Was the injured person guilty of any misconduct or disobedience to orders or rules? If so, please give full particulars		
30. State through whose negligence the accident occurred, if any		
31. State the names of any persons who witnessed the accident		

