



AUREOL INSURANCE COMPANY LIMITED

Kissy House, 54 Siaka Stevens Street, P. O. Box 647, Freetown. No. SL/...../EL/.....
Tel : 23435 Telegrams :

Particulars of Accident to be furnished by the Employer

Answering these questions does not imply that the Employer admits liability or that the Workman will make a claim

<u>The Employer</u>	
Name .....	.....Phone No.....
Business .....	.....
Address .....	.....
Policy No. ....	.....Have you any Power-driven machinery?))))))
Date of payment of last premium	.....
<u>The Injured Person</u>	
Name .....	.....Married.....or Single.....
Address .....	.....Age.....
Occupation .....	.....
Average Weekly Earnings .. (To be taken from Wages book)	.....Was he in your direct employ?.....
How long has he been employed?	.....Value of food, fuel and) quarters or other consideration)) in addition to money earnings.)
Has he had an injury previously?	.....
Name and address of doctor attending or name of hospital, if known .....	.....
Name and address of a Medical Officer to whom we could conveniently apply for a second opinion if necessary.	.....
Has he returned to work? If so, give date.....	.....
Has application for weekly payments been made by the injured person?	.....
If so, give date .....	.....
<u>Particulars of Accident</u>	
Date of Accident .....	.....Time.....
Date incapacity commenced .....	.....Time.....
Where did the accident occur .....	.....
Date reported by injured person, and to whom .....	.....
State fully cause of accident .....	.....
What was injured person doing when accident occurred? .....	.....
Was it due to anyone's negligence? If so, give name and address of that person .....	.....
If caused by machinery, give name of machine and state part causing accident .....	.....
Nature and extent of injury (full information) .....	.....
If limb or eye injured state whether right or left .....	.....If hand injury state whether employee left or right handed
Probable duration of incapacity .....	.....
Person in charge .....	.....was the injured person sober?.....
Names of witnesses .....	.....
	1.
	2.
	3.

NOTE: For your protection please note the condition of your Policy which provides that-
The Insured shall not without the written authority of the Corporation's attorney incur any expense litigation or otherwise or make
any payment settlement or admission of liability in respect of injury for which the Corporation shall be liable under this Policy.

I hereby declare that the foregoing particulars are correct.

Date.....

Signature.....