

SECTION C: Cont'd

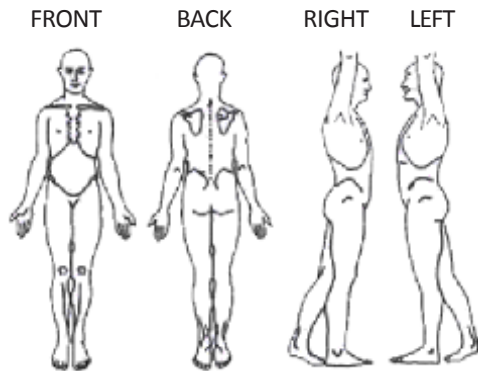
4. Describe how the accident happened: _____

5. (a) What were you doing at the time of the accident? _____

(b) How was the task related to your duties? _____

6. Indicate, by placing on the diagram at right, an X on the body part/s that appeared to be affected:

(NIB will validate all body parts herein described)



7. What additional injuries or complaints, if any, have since been reported to NIB which were not reported at the time of the accident?

8. Did you continue to work after reporting the accident on that day? Yes No

9. Last day worked: ____/____/____
 dd mm yyyy

10. Were there any witnesses to the accident? Yes No

If Yes, state their names below and have them produce statements which must be attached to this report:

Witness: _____ Witness: _____

Address: _____ Address: _____

Telephone Number: _____ Telephone Number: _____

11. What health and safety measures do you plan to take to minimize or prevent the reoccurrence of an accident of this nature?

SECTION D: DECLARATION:

Please Note: Any person who, for the purpose of obtaining a benefit under the National Insurance Act (Chapter 350 Section 52[5]) either for himself or for some other person, makes any false statement or false representation, or produces any false documents, etc., shall be liable on summary conviction to a fine not exceeding \$2,500.00, or to imprisonment for up to twelve(12) months or both.

I, hereby, state that the information given on this form is true and correct to the best of my knowledge.

Signature: _____ Print Name: _____

Date: ____/____/____
 dd mm yyyy

Circle one: Self-Employed / Agent