## SELF-EMPLOYED REPORT ON ACCIDENT AT WORK

**Instructions for Completing This Form**

1. The National Insurance Regulations require that all accidents be reported by self-employed persons.
2. The entire form is to be completed.
3. Submit the form immediately or within one (1) month of the date of accident to the nearest National Insurance Local Office to avoid delay in the processing of the claim; failure to submit this form within the specified timeframe may result in the imposition of penalties (fines of up to $500).

### SECTION A: SELF-EMPLOYED BUSINESS INFORMATION

<table>
<thead>
<tr>
<th>Business Name:__________________________________________</th>
<th>Self-Employed Registration No. __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address: ________________________________________</td>
<td>P.O. Box: __________________________</td>
</tr>
<tr>
<td>Tel. No.: ___________________ E-Mail: ____________________</td>
<td>____________________________________________________</td>
</tr>
<tr>
<td>Nature of Industry of Business: __________________________</td>
<td></td>
</tr>
<tr>
<td>State last date of contributions: dd/mm/yyyy Month &amp; Year paid for: mm/yyyy</td>
<td></td>
</tr>
</tbody>
</table>

### SECTION B: INJURED PERSON’S INFORMATION

<table>
<thead>
<tr>
<th>Name: __________________________________________________</th>
<th>N.I. No. __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street Address: ________________________________________</td>
<td>P.O. Box: __________________________</td>
</tr>
<tr>
<td>Tel No.: _____________________ (h) ______________________ (w) _____________________ (c)</td>
<td></td>
</tr>
<tr>
<td>E-Mail: _______________________________________________</td>
<td></td>
</tr>
<tr>
<td>Occupation: ___________________________________________</td>
<td></td>
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<tr>
<td>What are your duties: __________________________________</td>
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</tr>
<tr>
<td>Date of Accident: dd/mm/yyyy Time: ________ a.m./p.m.</td>
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</tr>
<tr>
<td>Place of Accident: ____________________________________</td>
<td></td>
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<tr>
<td>Description of apparent Injury/incapacity: ____________________________________________</td>
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</tr>
<tr>
<td>What hours were you expected to work that day? From______a.m./p.m. to:______ a.m./p.m.</td>
<td></td>
</tr>
</tbody>
</table>

### SECTION C: REPORT OF ACCIDENT

1. When was the accident first reported to NIB? dd/mm/yyyy Time: ________ a.m./p.m. 
2. If the accident was not reported on the day it happened, state why: ____________________________________________________________
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)
   \[Diagram of human body with X marks on body parts\]

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?  
   \[Yes \quad No\]

9. Last day worked:  \[dd \quad mm \quad yyyy\]

10. Were there any witnesses to the accident?  
    \[Yes \quad No\]
    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(3)) 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:  \[dd \quad mm \quad yyyy\]                                                               Circle one: Self-Employed / Agent

Form B-44 S/E [revised 11/2011]