



# 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

Business Name: \_\_\_\_\_

Self- Employed Registration No.

Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Tel. No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Nature of Industry of Business: \_\_\_\_\_

State last date of contributions: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Month & Year paid for: \_\_\_\_\_ / \_\_\_\_\_  
dd mm yyyy mm yyyy

### SECTION B: INJURED PERSON'S INFORMATION

Name: \_\_\_\_\_ N.I. No.

Street Address: \_\_\_\_\_ P.O. Box: \_\_\_\_\_

Tel No.: \_\_\_\_\_ (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c)

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

What are your duties: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.  
dd mm yyyy

Place of Accident: \_\_\_\_\_

Description of apparent Injury/incapacity: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What hours were you expected to work that day? From \_\_\_\_\_ a.m./p.m. to: \_\_\_\_\_ a.m./p.m.

### SECTION C: REPORT OF ACCIDENT

1. When was the accident first reported to NIB? : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Time: \_\_\_\_\_ a.m./p.m.  
dd mm yyyy

2. If the accident was not reported on the day it happened, state why:  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION C: Cont'd**

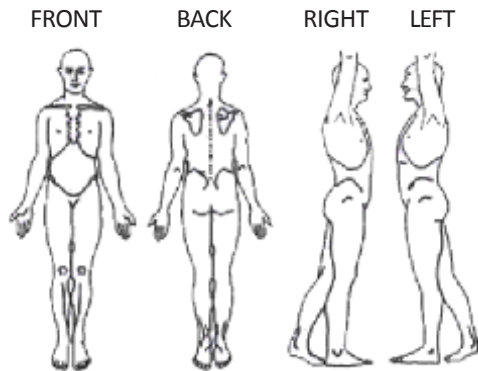
4. Describe how the accident happened: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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)*



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