



CLAIM FOR DISABLEMENT BENEFIT

NOTE 1. For an award of Disablement Benefit under the Act, a claimant has to show, in particular, that he/she has suffered a “loss of faculty”, which means:-
“the partial or total loss of the normal use of an organ or part of the body, or the body, or the destruction or impairment of any bodily or mental function (including disfigurement) whether or not accompanied by actual loss of function”

NOTE 11. Any person who, for the purpose of obtaining any benefit under the National Insurance Act, whether for himself or some other person, knowingly makes any false statement or false representation, or produces or furnishes any document or information which he knows to be false in a material particular, renders himself liable to prosecution.

PARTICULAR OF CLAIMANT *(in block letters)*

N.I. NUMBER:

--	--	--	--	--	--	--	--

SURNAME: _____ Date of Birth: _____
DAY MONTH YEAR

NAME: _____

ADDRESS: _____

TELEPHONE: _____ P.O.BOX No.: _____ EMAIL: _____

OCCUPATION: _____

PARTICULAR OF EMPLOYER *(in block letters)*

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

TELEPHONE CONTACT: _____ P. O. BOX No.: _____

DEPARTMENT NAME: _____

DATE OF PRESCRIBED DISEASE or INDUSTRIAL ACCIDENT?

DAY	MONTH	YEAR
-----	-------	------

1. How did the accident happened or Prescribed disease developed?

2. State in what way you were disabled as a result of the accident (or disease)?

3. Have you attended a hospital/clinic for treatment as a result of the accident (or disease)? If so please state:-

a. Name of Hospital/Clinic _____

b. Name of Physician _____

c. Whether treated as inpatient or Outpatient _____

d. Name of Ward, if inpatient _____

e. Period of treatment: From: _____ To: _____

f. Where any x-rays/MRI taken? YES NO

4. Are you fit to travel, if required to attend for Medical examination? YES NO

5. Are you in receipt of Medi-care? YES NO

DECLARATION:

I declare that the information given above is true and correct, to the best of my knowledge and belief, and I claim Disablement Benefit accordingly.

Signature: _____ Date: _____

NOTE: Any person who, for the purpose of obtaining any benefit under the National Insurance Act, whether for himself or some other person, knowingly makes any false statement or false representation, or produces or furnishes any false documents or information shall be liable to a fine not exceeding \$2,500.00, or to imprisonment for up to twelve (12) months, or both.