



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).

	YED BUSINESS INFORMATION		
Self- Employed Registra			
Tel. No.:	E-Mail:		
	siness:		
	utions:// dd mm yyyy		
SECTION B: INJURED PE	RSON'S INFORMATION		
Name:		N.I. No.	
			ox:
Tel No.:	(h)	(w)	(c)
E-Mail:			
	// Time:		
	Injury/incapacity:		
What hours were you ex	pected to work that day? From	a.m./p.m. to:a	a.m./p.m.
	ACCIDENT ent first reported to NIB? :/ dd ot reported on the day it happened	mm vvvv	a.m./p.m.

SECTION C: Cont'd				
4. Describe how the accident happened:				
5.	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)	FRONT BACK RIGHT LEFT		
7.	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 accide	nt on that day? Yes No		
9.	Last day worked:// /			
10. Were there any witnesses to the accident? Yes No If <i>Yes,</i> 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.	11. What health and safety measures do you plan to take to minimize or prevent the reoccurrence of an accident of this nature?			
SEC	(Chapter 350 Section 52[5]) either for himself or for	obtaining a benefit under the National Insurance Act some other person, makes any false statement or false tc., shall be liable on summary conviction to a fine not welve(12) months or both.		
I, h	ereby, state that the information given on this form i	s true and correct to the best of my knowledge.		
Signature:		Print Name:		
	re://yyyy	Circle one: Self-Employed / Agent		