

Serial No.: EL


RHB INSURANCE BERHAD

 (Co. No. 38000-U)
 LEVEL 12, WEST WING, THE ICON, NO.1, JALAN 1/68F, JALAN TUN RAZAK, 55000 KUALA LUMPUR
 TEL: 03-2180 3000 / 2180 3200 FAX: 03-2161 6322 (Claims)

CLAIM FORM - EMPLOYERS' LIABILITY

To the Policyholder

Claim No. : _____

INJURY TO EMPLOYEES

Our Solicitors have advised that in the event of an injury to an employee, you should supply the information set out below so as to enable us and our Solicitors to give advice thereon and conduct any litigation which may ensue.

It is necessary that great care should be taken in completing this form and the information given therein should be strictly accurate, irrespective of whether it is in your favour or otherwise, You should not make any payment, offer or promise of any payment or admit liability in any way, as by so doing you may prejudice your position and make settlement a difficult matter.

No inspection of any plant or machinery (other than by your own or Government officials) should be permitted without the consent of the Company and great care should be taken to preserve any evidence which might be useful in the ascertainment of liability.

RHB INSURANCE BERHAD

SECTION 1 - PLEASE GIVE DETAILS OF OUR POLICYHOLDER AND POLICY

1. Full Name		
2. Identity Card Number		3. Profession/Business
4. Address		
5. Policy Number		6. Telephone Number

SECTION 2 - PLEASE GIVE DETAILS OF INJURED EMPLOYEE

7. Full Name	
8. Address (currently living)	
9. Usual occupation or grade	
10. Was the employee engaged at his own work when the accident happened?	
11. If the employee was not in your direct employment, give name and address of employer and date of appointment	
12. State exact age	
13. State present weekly wage or salary	
14. Date ceased work	
15. When expected to resume work	

SECTION 3 - PLEASE GIVE DETAILS OF ACCIDENT

16. Date, time and place of accident	
17. Was accident caused by machinery? If so, why was it not prevented by guarding or fencing?	
18. Is there any possibility that the injured party or his representatives will claim that the accident was caused by any defect in or unsafe or insecure passage, floor, building, equipment or plant (other than machinery)? If so, please give details	
19. If caused by the fault of any person, give name, and state by whom employed	
20. PLEASE DESCRIBE ACCIDENT (OR GIVE PARTICULARS OF DIEASE)	
21. Give names and addresses of witnesses	

SECTION 4 - PLEASE GIVE PARTICULARS OF INJURY

22. State nature of injury and if to limb/eye state whether right or left	
23. State whether fatal, severe, slight. If fatal, where will inquest be held?	
24. Is employee at home or in hospital? If detained in hospital state which hospital/ nursing home?	

SECTION 5 - DECLARATION

I/We declare the foregoing particulars to be true in every respect.	
Signed by Insured _____ Dated _____	