Genikes Insurance

CLAIM FORM EMPLOYER'S LIABILITY

POLICY NO. …………………………………………..

INSURED

Name:……………………………………………………………… Company Reg. No. / I.D.No.:………………………..

Address:……………………………………………………………………………. Telephone No.…………………………..

E-mail address:………………………..………………………………………… Fax No. …………………………………..

Type of Business:………………………………………….Contact Person:………………………………………………

Number of employees: ……………………….………………………………………………………………………………..

INJURED PERSON

Name: ……………………………………………………………………… Age: ……………… I.D. No.: ……………………..

Social Insurance Number: ……………..……………………………… Telephone No. ……………………………….

Address: ………………………………..………………………………………………………………………………………….

Net weekly earnings at the time of the accident: € ……………………………….

Occupation: ……………………….……………………………………………………………….

Date of commencement of employment: …………………………… Underwent training YES / NO

DETAILS OF ACCIDENT

Date of accident …………………………………………………………… Time …………………….. a.m / p.m

Place of accident ………

Witnesses to the accident (*state name, capacity and telephone no.*)

(1) ……………………………………………………………………………………………….……………………………………….

(2) ……………………………………………………………………………..………………………………………………………..

Short description of the accident:

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1. At the time of the accident, was the employee performing his normal duties? YES/No. If the answer is "NO", give details:

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2. If, at the time of the accident, the employee was operating machinery, state the kind and type of machinery:

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3. Do you regard the accident as one attributed to defective built or machinery or any other tool used by the employee?:

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4. Specify who gave instructions and defined the manner in which the injured employee was to perform his/her duties:

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5. Was the employee following instructions and the usual manner of performing his/her duties? YES/NO. If the answer is 'NO' give details:

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6. Do you regard the injured employee as being negligent in any way / manner? YES / NO. If the answer is 'YES' give details:

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7. Do you consider the accident as being attributed to the negligence of any third person? YES / NO. If the answer is 'YES' give details:

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8. Have you reported the accident to the appropriate department of the Ministry of Labour? YES/NO.

If the answer is ‘NO’ explain why:

………....

If ‘YES’, has the Ministry inspected the place of the accident? YES/NO

9. Considering the circumstances under which the accident took place, do you regard yourselves as being negligent in your role as Employers? Please explain.

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………....

NATURE OF INJURY (attach medical report / sick leave slip):

State the nature of injury and the treatment received:

………

………

………

Name of the Hospital / Clinic and the treating doctor

………

How long has the employee remained in Hospital / Clinic and when is he/she expected to return to work?

………

DECLARATION

I / We declare that the above is true and with this declaration herewith I/We assign to GIC, according to the terms of the Policy, the handling of all claims and defense in Court deriving from the said accident, provided that the Policy is applicable.

I /We further authorize GIC to settle any claim which is considered reasonable without any further reference to myself / ourselves and I/We undertake to provide any information and assistance required.

Date ……………………… Signature of Insured ……………………………………………
(Add Company seal in case of Legal Entity)

Name of Signatory: ……………………………………………

DATA PROTECTION

The collection and processing of the personal data of your employee is required solely for the handling of your claim and in the context of execution of your Policy. We kindly ask that, prior to disclosing such personal data, your employees have taken notice of our Personal Data Privacy Statement* according to the provisions of the current legislation with regards to the protection of personal data, including GDPR, as well as you have ensured that the necessary consents have been obtained with regards to the fulfillment of our contractual duties and services.

*the Personal Data Privacy Statement can be found on our Webpage www.genikesinsurance.com.cy. You may also contact us for a hard copy to be sent out.