

**NATIONAL INSURANCE & SOCIAL SECURITY ACT, 1969**

**CLAIM FOR DISABLEMENT BENEFIT**

**(Under the Industrial Benefit Regulations, 1969)**

**WARNING:** Any person who knowingly makes a false statement or false representation for the purpose of obtaining any payment for himself or for some other person under the National Insurance and Social Security Act, 1969, or produces or furnishes any document or information which he knows to be false in a material particular, renders himself liable to prosecution.

To: The General Manager, National Insurance Date: .....

Name of Claimant: ..... Sex: .....  
(Block Letters)

Address: .....

Date of Birth: ..... N.I. No. 

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Occupation: .....

Name of Employer: .....

Address: .....

Give the date and time the accident happened: .....

State exactly where the accident happened: .....  
.....

Where were you employed when the accident happened? .....  
.....

What were you doing when the accident happened? .....  
.....

Cause or nature of accident: .....

Was it caused by machinery? .....

If so, give the name of the machine and part: .....

Give the nature and extent of the injury (e.g. Loss of finger, fracture, loss of arm, etc): .....  
.....

For what period (if any) were you unable to work? .....

Were you hospitalized during the period you were unable to work? .....

If so, state name of the institution at which you were hospitalized: .....

Are/were you in receipt of wages/salary from your employer during the period you were unable to work?.....

If so, at what rate? .....

When will you be fit to resume duty? .....

If you have resumed duty give the date of resumption: .....

Please provide the following Bank Information: (TO BE VERIFIED BY BANK)

Name of Bank..... Bank Account.....

Name(s) of person(s) on Bank Account .....

Signature of Bank Representative..... Date: .....

Bank Stamp

Signature/Mark of Claimant: .....

Witness to mark: .....

Address: .....  
.....

Date: .....