

*incapacity is due to an injury received
while working for an employer*

1. The accident happened on at
Date

..... Am/pm
Place Time

2. Nature of accident (describe)
.....
.....

3. State briefly how the accident happened.
.....
.....
.....

4. Did you report the accident to your employer?
Yes [] No []

5. If so, when?

6. How long have you been employed with this employer?
.....

7. Names and addresses of other employers for whom you
worked during the last 9 months:
.....
.....
.....

Signature:
Date:

WARNING: Any person who knowingly makes any false statement
or false representation for the purpose of obtaining benefit commits
a criminal offence punishable by fine or imprisonment or both.