



## NATIONAL INSURANCE SERVICES Employment Injury Report

<b>Name of Employee</b>	<b>Name of Employer</b>	
<b>NIS Number</b>	<b>Occupation</b>	
	<b>Date of Accident</b>	
	<b>Time of Injury</b>	
<b>Accident details:</b>          		
<b>Describe the injury sustained</b>          		
<b>Signature of Claimant</b>		<b>Date:</b>
<b>* Signature of Witness (* If applicable)</b>		<b>Date:</b>
<b>Signature of Supervisor</b>		<b>Date:</b>

**N.B.: Kindly note that this form must be submitted within 15 days after the injury.**