Guardian Group
Guardian General Insurance Limited

Branch Office: "Enfield House", Upper Collymore Rock, St. Michael, Barbados, W.I
Telephone: (246) 430-4600 ▪ Fax: (246) 427-9038
Website: www.myguardiangroup.com
Email: insurebb@myguardiangroup.com

EMPLOYER'S LIABILITY CLAIM FORM

Please answer/ complete all sections. When the answer is negative please state NO and when the question is not applicable, please state N/A.

1. Name of Insured …… Policy No ……

2. Address of Insured ……

…… Tel No ……..

3. Business being conducted ……

4. Date of Incident …… Time of Incident ……..

Location ……...

First reported to your office on …….

Reported to ……

Note: The Site Supervisor, if applicable, should submit his report of the incident, along with this form.

5. Name of Injured Employee ……...

6. Address ……

7. Age …… 8. Sex …… 9. Marital Status ……

10. No. of Dependents …… 11. Present Position at Firm ……..

12. Detailed Job Description:

13. Present Gross Weekly/Monthly Earnings ……..

14. Detailed Description of Incident:

15. Nature of Injury ……...

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16. Particulars of Medical Aid Administered ……..

17. No. of Days Absent from Work ……

18. Was the Incident to the Employee the Fault of any other Person Employed by your Firm? YES ☐ NO ☐

If yes, please give details:

19. Was the Employee Disobeying Orders? YES ☐ NO ☐

……

20. Any other information pertinent to the Accident:

……

21. Is there any other form of Insurance covering your Employees? YES ☐ NO ☐

……

Please attach a statement of the Injured Employee's Earnings for the Twelve (12) Months preceding this Loss.

I/We …….. declare that the above particulars are true to the best of my/our knowledge and belief.

…… ……

Signature **Date**