



# ASSOCIATED INSURANCE BROKERS

Reg No 2004/022911/07

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## STATED BENEFITS CLAIM FORM

*The issue of this form is not an Admission of any liability.*

Claim Number: \_\_\_\_\_

<b>EMPLOYER:</b>	
1 Name or style of Employer and full address:	..... .....
2 State a) Number of Policy: b) Date of last payment of premium	a) ..... b) .....
3 Nature of trade or business	.....
<b>INJURED WORKMAN:</b>	
4 Name and full address	..... .....
5 a) Occupation b) Sex c) Age d) Marital Status e) Identification no.	a) ..... b) ..... c) ..... d) ..... e) .....
6. Was he in your direct employ or in that of a Sub-Contractor?	.....
7. If in your employ, how long has he been so?	.....
8. Give rate of pay at time of Accident: a) Per hour b) Per shift c) Per week d) Per month e) Number of hours or shifts Worked per week	a) ..... b) ..... c) ..... d) ..... e) .....
9. State amount of average weekly / monthly earnings. Note: Average earnings mean the average earnings of the employee for the 12 months immediately preceeding the accident, or such shorter period that he has been in your employ	.....
10. State FULLY the nature of the work he was doing at the time of the accident.	.....
11. How did the accident occur?	..... .....
12 a) Where did the accident occur? b) Magisterial District?	..... .....
13 When did the accident occur?	At ..... a.m. / p.m. on the ..... day of ..... 200.....
14 Date when injured person Ceased work	.....
15 Give names and addresses of witnesses of the accident	..... .....
16 Was the accident caused by: a) Violation of rules: b) Carelessness of injured Workman c) (i) Any defect of machinery or plant (ii) If so, had such defect been brought about to your notice	a) ..... b) ..... c (i) ..... (ii) .....



CERTIFICATE to be completed and signed by an Eye Witness and if possible by the person under whose direction the Workman was working at the time of the accident.

I HEREBY CERTIFY that I was present when the Accident occurred to:

.....ON THE

.....DAY OF ..... 2000..... IN THE MANNER ABOVE STATED,

THAT IT WAS CAUSED BY .....

.....

.....  
WHICH WAS / WAS NOT HIS WILFUL ACT, AND THAT HE WAS / WAS NOT UNDER THE INFLUENCE OF INTOXICATING LIQUOR AT THE TIME.

(SIGNED) NAME .....

OCCUPATION: ..... ADDRESS: .....

DATE: ..... .....