**GABORONE OFFICE**
P.O. Box 715 Gaborone, Botswana
BIC House
Plot 50372, Gaborone Business Park,
Gaborone Show Grounds,
**GABORONE**
Tel: (267) 3600 500,
Fax: (267) 3972 867

# Botswana
## Insurance Company Limited

**FRANCISTOWN OFFICE**
Botswana Insurance House
Plot No. 454/5
St. Patrick Street
P.O. Box 451
**FRANCISTOWN**
TEL: (267) 2413 623
FAX: (267) 2412 291

## WORKMENS COMPENSATION CLAIM FORM

1. NAME OF EMPLOYER.................................................................................................................
2. ADDRESS OF EMPLOYER ...........................................................................................................
3. INJURED PERSON(S) NAME..........................................................................................................

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4. INJURED PERSON(S) JOB TITLE (DESCRIPTION USUAL DUTIES) ..........................................................

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5. DATE OF ACCIDENT..................................................................................................................
6. WHERE DID THE ACCIDENT OCCUR?...............................................................................................
7. DATE AND TO WHO ACCIDENT WAS REPORTED? ...................................................................................
8. a. AT WHAT TIME DID THE ACCIDENT OCCUR? .....................................................................................

   b. DID THE INJURY OR INJURIES ARISE OUT OF AND IN THE COURSE OF EMPLOYMENT?.......................................

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9. HOW DID THE ACCIDENT OCCUR?.....................................................................................................

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10. STATEMENT FROM WITNESS(ES) (ATTACH SEPARATE SHEET IF NECESSARY)..............................................

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11. NATURE OF INJURY (NOTE THAT FORMS A.B. & C. MUST ACCOMPANY THIS CLAIM FORM).....................................

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12. STEPS TAKEN TO PREVENT A RECCURENCE ...........................................................................................

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THEREBY WARRANT THE TRUTH OF THE ABOVE STATEMENTS

DATE AND SIGNATURE OF MANAGER ON BEHALF OF EMPLOYER..........................................................................

NAME OF COMPANY...........................................................................................................................

Kingsley & Associates Tel: 3904850 Ref: BO1460