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

VAT Reg. No. C008 08000 1111

BOTSWANA INSURANCE COMPANY

Francistown Branch
P.O. Box 451, Francistown, Botswana
Tel: (+267) 2413 623
Fax: (+267) 2412 291

Maun Branch
P.O. Box HA38 HAK, Maun
Tel: (+267) 6863 410
Fax: (+267) 6862 037

WORKMENS COMPENSATION CLAIM FORM

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

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

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

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

   ……

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

   ……

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

    ……

    ……

    ……

    ……

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

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

    ……

    ……

THEREBY WARRANT THE TRUTH OF THE ABOVE STATEMENTS

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

NAME OF COMPANY: ……