



# FEDERAL REPUBLIC OF NIGERIA

## NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

### Claim For Compensation

(Section 6(1) of the Act)

This form must be completed by the employer on behalf of injured/sick employee as appropriate and submitted to the nearest Nigeria Social Insurance Trust Fund (NSITF) Office

Indicate as appropriate: Accident:  Occupational Disease:

(Complete in block letters)

#### 1.0 Employee:

1.1 Surname:  1.2 First name:

1.3 Middle name:

#### 2.0 Employer

2.1 Name:  2.2 Registration No:

3.0 If claim is being made by dependant, state dependants:

3.1 Surname:  3.2 First name:

3.3 Middle name:  3.4 Date of Birth (dd/mm/yyyy)

3.5 Gender: Male  Female

4.0 Have you enjoyed any First Aid Treatment? Yes  No  4.1 If yes, state total amount

N	K
<input type="text"/>	<input type="text"/>

(attach hospital bill)

4.2 For what period were such payment made:

From(dd/mm/yyyy)  To (dd/mm/yyyy)

5.0 Date on which the injury/disease was reported to the employer:(dd/mm/yyyy)

6.0 Date of first consultation with a Medical Doctor:(dd/mm/yyyy)

7.0 Name of Hospital/Clinic:

7.1 Address of Hospital/Clinic:

7.2 Name of doctor:

8.0 Date injury/disease/death was sustained/diagnosed/occured:(dd/mm/yyyy)

9.0 Compensation in accordance with the ECA, 2010 is hereby claimed in respect of the Injury/Disease/Death described above.

I certify that the information in this form is to the best of my knowledge correct.

\_\_\_\_\_  
Thumb Print/Signature of employee/dependant

Date:

\_\_\_\_\_  
Employer's Stamp/Signature of authorized person

Date:

#### Documents to attach:

1. Police report in case of road accident and
2. Affidavit deposed to by employee to confirm accident or occupational disease