



FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Claim For Compensation in Case of Death

(Section 6(1) of the Act)

This form must be completed by the employer in respect of the deceased employee as appropriate and submitted to the nearest Nigeria Social Insurance Trust Fund (NSITF) Office

Indicate as appropriate: Death resulting from: 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 dependant's:

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 Was any First Aid Treatment Administered? 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 death was reported to the employer:(dd/mm/yyyy)

6.0 Date death occurred:(dd/mm/yyyy)

7.0 Name of Hospital/Clinic:

7.1 Address of Hospital/Clinic:

7.2 Name of doctor:

8.0 Compensation in accordance with the ECA, 2010 is hereby claimed in respect of the 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. Certificate of death / coroner's inspection certificate.