



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