



119 Henry Street, Port of Spain, Trinidad, West Indies Tel: (868) 623-0576/9; Fax: (868) 624-9505

No.1 Freeling Street, San Fernando. Tel: (868) 652-3337; 652-3774 Fax: (868) 652-5541

Edoo's Building, 98 Norma Drive, Lowlands, Tobago Tel: (868) 639-2986; 639-3869; Fax 639-2986

Website: www.agostini.com Email: aib@trinidad.net

Workmen Compensation Claim Form

(Please use block capitals and do not leave blanks or answer a question with a dash)

Client Number _____

AIB Branch _____

Policy Number _____

INSURED INFORMATION

Name of Insured _____

Surname

First Name

Middle Name

Address of Insured _____

Street

City

Country

Telephone Number (868) _____

Primary

(868) _____

Secondary

Email Address _____

CLAIM DETAILS INFORMATION

Injured Workman/ Employee _____

Surname

First Name

Middle Name

Details of Accident _____

Date DD / MM / YYYY

Time (Hour)

Location of Accident _____

(Give details i.e. 2nd floor)

Street

City

Country

Was the accident caused by negligence? YES NO

Are the injuries severe or minor? _____

State the nature of the injuries sustained

Has the injured workman/employee returned to work? YES NO

If yes, please state date he/she returned to work _____

Date DD / MM / YYYY

Signature: _____

Print Name

Signature

Date: _____