



MSIG Insurance (Thailand) Public Company Limited
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บริษัท เอ็ม เอส ไอ จี ประกันภัย (ประเทศไทย) จำกัด (มหาชน)
 1908 อาคาร เอ็ม เอส ไอ จี ถนนเพชรบุรีตัดใหม่ แขวงบางกะปิ
 เขตห้วยขวาง กรุงเทพฯ 10310
 เลขทะเบียนนิติบุคคล/เลขประจำตัวผู้เสียภาษีอากร 0107555000414

QP-PCM-001 FM 004 REV.: 00
 Effective : 16.12.21

NOTICE OF ACCIDENT

WORKMEN’S COMPENSATION INSURANCE

Policy No.....

- N.B-1. Full particulars of the accident are to be furnished by the Employer.
- 2. All written communications received by the Employee concerning the accident to the employee should be forwarded at one the company.
- 3. Particulars of the accident should be given whether or not the injured person is making a claim.

THE EMPLOYEE

Name of Policyholder	Tel. No.
Occupation	
Address	

THE INJURED PERSON

Name	Age	Sex
Nationality		
Local Address		
Domicile		
State occupation in which the injured person is employee		
Was the injured person engaged in this occupation when the accident occurred?		
When did the injured person enter your service?		
Name of hospital taken to		
In or out patient		
State whether returned to work, and if so, when		
Has the injured person been medically examined? If so please send report. If not, was free medical examination offered?		
State whether returned to work, and if so, when		
Are you satisfied the injured person has met with a bona fide accident arising out of his employment?		
Is the injured person able to do partial work?		
What is the probable period of disablement (approximate)?		

THE ACCIDENT

Date	Time	Place
On what date you receive notice of accident and from whom? If in writing, please attach to this form		
On what date did the injured person actually cease work?		
State cause of accident.....		
If accident was due to machinery or gearing please state: (a) Whether it was fenced or guarded (b) Was it being cleaned whilst in motion		
What was the general nature of the contract or work going on?		
State nature of injury		
State regions injured		
State right or left side		
Was the injured person under the influence of drink or drugs at the time of the accident?		
Was he guilty of any misconduct or disobedience to orders or rules? If so, please give full particulars		
State through whose neglect the accident occurred, if any		
State the names of any persons who witnessed the accident		
Has the accident been reported to the relevant authority? If so state when and where		

DEPENDENTS OF INJURED PERSON

Name	Age	Address	Relationship
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STATEMENT OF WAGES OF THE INJURED PERSON

	Wage	Bonus, Value of Free Quarters, and any Other Allowance etc.
1. Monthly rate of pay at time of accident
2. a) Amount earned for the month the accident occurred
b) Earnings for the five months previous:		
Amount earned for the month		
1) Month of.....
2) Month of.....
3) Month of.....
4) Month of.....
5) Month of.....

The replies herein given are correct to the best of my/our knowledge or belief

Date.....

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Signature of Employee