

CLAIM AND ACCIDENT REPORT FORM

Policy No	47-ACA-002914-01
Institution	Nanyang Polytechnic
Nature of Business	Education
GST Registration No	MB-8200002-4
Address	180 Ang Mo Kio Ave 8 S(569830)

Name of Injured Student:	
Contact Details:	
NRIC:	Admin No:
School:	Start Date of Internship/Attachment:
Date of Accident:	Time of Accident:
Witness of Accident (full name and NRIC No):	
Place of Accident (company's name & address):	
Description of Accident:	
Particulars of injury (i.e. to which part of the body and the nature of injury, whether serious or slight). Possible Cause(s) of Accident:	
Name of Hospital / Clinic where student received treatment:	Number of days of Medical / Hospitalisation Leave granted:

NYP Student WIC: Form B
Claim and Accident Report Form

Type of treatment received:

What time did the injured person start work on the day of the accident:

Was the injured person working overtime when the accident took place:

Was the person injured while performing official duty:

Reported by: ** To be reported/ signed by student's PEM or lecturer / supervisor in-charge of internship.*

Name / Designation

<<insert signature>>

Signature

Date

*For Official use only: *Please leave this portion unfilled.
Endorsed by School/Company:*

Name / Designation

<<insert signature>>

Signature

Date