

FORM A

CLAIM FOR COMPENSATION

[The Protective Services (Compensation) Act, 1996]

THE SECRETARY
COMPENSATION COMMITTEE
PORT-OF-SPAIN

Dear Sir/Madam,

I hereby make a claim for compensation for injury/death as follows:

1. Full Name and Rank (Please Print)

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2. Tick where appropriate:

Police Service

Fire Service

Prison Service

3. Date of Birth

4. Monthly Earnings \$

5A. Residential Address and Telephone No.

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5B. Business Address

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6. Give Date and Hour when incident occurred

7. Place where incident occurred

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8. Describe exactly how incident occurred

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9. What injuries were sustained wholly by the incident?

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10. Was the Officer on official duties at the time of the incident? If yes, under whose authority?

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11. On what date did the Officer stop performing duties?

12. Date of death (If applicable)

13. Is the Officer expected to return to work?

14. Has the Officer done any work since commencement of disability? (If yes, please explain)

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15. How long was the Officer totally disabled?(weeks)(days)

16. How long was the Officer partially disabled?(weeks)(days)

17. Describe fully the Officer's present condition

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I, the undersigned, hereby certify that my answers to the foregoing questions are correct and true to the best of my knowledge and belief.

.....
(Witness)

Signed
S(Applicant / Attorney-at-law / Agent)

Date.....