

APPLICATION FOR DELAYED CLAIM TO BENEFIT

NAME _____

I/C NO _____

CLAIM NO _____

I DECLARE THAT I DID NOT GIVE NOTICE WITHIN THE PRESCRIBED PERIOD TO MY *EMPLOYER/PRESCRIBED MEDICAL OFFICER AND/OR DEPARTMENT OF SOCIAL SECURITY OF THE ACCIDENT SUSTAINED BY ME ON _____ AND THEREFORE I HAVE NOT CLAIMED BENEFIT BEFORE DUE TO THE FOLLOWING REASONS:

DATE _____ SIGNATURE _____

SOCIAL SECURITY OFFICER'S DECISION

THERE IS REASONABLE CAUSE FOR DELAY IN GIVING NOTICE

ALLOWED: _____ WEF: _____

THERE IS NO REASONABLE CAUSE FOR DELAY IN GIVING NOTICE

DISALLOWED. _____

DATE _____ SIGNATURE _____

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- *Delete whichever is not applicable*
24 hours- Employer
3 days - Medical Officer
7 days - Department of Social Security