



Claim No.
Stamp and date of receipt

Claim form for Injury Benefit

1. A claim for Injury Benefit must be submitted not later than seven days from the commencement of incapacity.
2. When claiming in respect of an accident at work, you are required to complete Part 3 and omit Part 4. You are also required to submit a Notice of Personal Injury by Accident and First Medical Certificate that is provided by a Medical Officer or Practitioner.
3. When claiming in respect of an occupational disease you are required to complete Part 4 and omit Part 3. You are also required to submit a Notice of Occupational Disease and First Medical Certificate that is provided by a Medical Officer or Practitioner.
4. When claiming for an increase in respect of your spouse or civil partner you are required to produce your marriage certificate or your civil partnership certificate as the case may be.
5. When claiming for an increase in respect of your children, you are required to produce their birth certificates.
6. This form, when completed, must be returned without delay, to the Department of Social Security, 14 Governor's Parade, Gibraltar.
7. If any of the documents are not readily available, please do not delay in submitting your claim as this could result in loss of payment.
8. If any change of circumstances occur which may affect your entitlement to payments, you must notify the Department of Social Security immediately.

Part 1 : Particulars of claimant

Full name

Maiden name (if applicable)

Address

E-mail address

Daytime phone number

Date of birth

Place of birth

Nationality

Tax reference number

ID card number

What is your current marital status or civil partnership status?

Single	<input type="checkbox"/>
Married or civil partner	<input type="checkbox"/>
Divorced or civil partner dissolved	<input type="checkbox"/>
Marriage or civil partnership annulled	<input type="checkbox"/>
Separated	<input type="checkbox"/>
Widowed or surviving civil partner	<input type="checkbox"/>

Part 2 : Particulars of spouse or civil partner

Full name

Maiden name (if applicable)

Address

Date of birth

Tax reference number

ID number

Date of marriage

Date of Civil Partnership

Part 3 : To be completed in case of Accident

Date of accident

Time of accident

Place of accident

Nature of the injury

Part 3 : To be completed in case of Accident (continued)

Please describe how the accident happened and what you were doing at the time

Please describe the injuries caused by the accident

Please give the names of any witnesses of the accident

To whom was the accident reported and when?

Did you do any work on the day of the accident after the accident occurred?

Employer's name and address

Employer's email address

Occupation

Have you ever made a previous claim to injury benefit?

No

If yes please state when

/ /

Yes

Part 4 : To be completed in case of Occupational Disease

Which of the prescribed occupational diseases do you claim you are suffering from?

Date of onset of disease

What type of work do you think caused your disease?

How long have you been doing that sort of work?

Do you claim that the disease is due to your present employment?

If not, to what employment do you claim the disease is due?

Employer's name and address

Employer's email address

Part 5 : Claim for children

Please note that only children who are under the age limit should be included in this claim.
(Please produce birth certificates)

A child is under the age limit:

- Up to the age of fifteen and;
- For any further period following the fifteenth birthday but not beyond the nineteenth birthday while he or she is receiving full time instruction at any university, college, school, or other educational establishment.

Surname	Forenames	Date of birth	Relationship of child	Is child residing with you?
		/ /		
		/ /		
		/ /		
		/ /		

Part 6 : Claim for adult dependant

(Other than spouse or civil partner)

Full name

Maiden name (if applicable)

Is he/she residing with you?

What is his/her relationship to you?

Amount you contribute towards his/her maintenance

Amount of his/her income or other household income if any

Part 7 : Other information

Use this space to tell us anything else you think we might need to know.

You can continue on a separate piece of paper if you need to.

If you continue on a separate piece of paper, make sure you;

- Write your full name, address and ID card number on it and attach it to this claim form; and
- Sign and date it.

Part 8 : Declaration

I declare that I was rendered incapable of work fromo'clock *am / pm on/...../..... (date) by * accident/occupational disease arising and in the course of my employment and that I have not since then been at work until I resumed work on/...../..... (date). This is my claim for injury benefit.

**Delete as necessary*

I declare that all the statements on this form are true to the best of my knowledge and belief.

I understand that if I knowingly give information that is incorrect or incomplete, I may be liable to prosecution or other action.

I understand that it is an offence to fail to notify the Department of Social Security of a change of circumstances promptly, and failure to do so may result in action being taken against me.

I agree that:

- the Department of Social Security
- any Doctor with which the Department has a contract for the provision of medical services

may ask any of the people or organisation mentioned on this form for any information which is needed to deal with

- this claim for benefit
- any request for this claim to be looked at again

and that the information may be given to that doctor or organisation or to the Department.

Signature

Date

The Department of Social Security should be informed if the claimant is unable to sign due to illness.

How we collect and use information

The Department of Social Security collects information for the purposes of dealing with social security benefits and other non-contributory benefits. The information we collect about you depends on the reason for your business with us, but we may use the information for any of these purposes.

We may check information about you with other information we have. We may get information about you from other people and certain other organisations. We may give information to certain other organisations, as the law allows, to:

- check the accuracy of information;
- prevent or detect crime;
- protect public funds in other ways; and
- use in research or statistics.

These other organisations include other government departments, local authorities, and private sector bodies such as banks and organisations that may lend you money. We will not give information about you to anyone outside our department unless the law allows us to.

The Department of Social Security is the data controller for the purposes of the Data Protection Act.