

PERSONAL ACCIDENT CLAIM FORM

Name of Employer																			
Address of Employer																			
Injured person(s) Name																			
a) Injured person(s) Job Title:																			
b) Description of Usual Duties:																			
Date of Accident:		D	D	M	M	Y	Y	Y	Y	Where did the accident occur?									
Date and to whom the accident was reported:																			
a) At what time did the accident occur?:																			
b) Did the injury(ies) arise out of or in course of employment?																			
How did the accident occur?																			
Any statement from witness(es) Yes/No (please attach separate sheet if necessary)																			
Nature of injury																			
(Note that forms BL Form 43/02 , BL Form 43/03 , 43/04B must accompany this claim form)																			
Steps taken to prevent a recurrence																			

DECLARATION

I hereby warrant the truth of the above statement. By signing below, I agree and voluntarily consent to Sesiro's processing of the provided Information for the purposes of processing the above claim and I give Sesiro permission to do so and any personal data (including sensitive personal data) will be processed in accordance with Sesiro's privacy policy available on its website and I further understand that I am free to withdraw my consent on written notice to Sesiro, on legitimate grounds which are reasonable and compelling. I agree that the Information may be disclosed by Sesiro to third parties, including Sesiro's affiliates, service providers and associates (some of which may be located outside of Botswana).

Manager's Signature

Company Stamp

DD / MM / YYYY

Date:

