



Forms & Documents/Requirements for Submission of Claims' Application in Case of Death

FIRST STAGE: NOTIFICATION

➤ Required Form and Documents

- ECS.CCF01 – Notification of Accident/Occupational Disease /Death Form
- 3 months' payslips before the date of death
- Copy of staff identity card
- Phone number of the Next of kin
- Job description
- Medical report
- Death certificate
- ❖ The Notification **must be submitted within 21 days** of occurrence of death as provided for by Sections 4&5 of ECA 2010

SECOND STAGE: APPLICATION FOR CLAIMS/COMPENSATION

➤ Required Forms

- ECS.CCF02 – Claim for Compensation Form
- ECS.CCF05 – Exposure History of Occupational Disease (where the death is as a result of Occupational Disease) to be completed, Signed and Stamped by Medical Doctor
- ECS.MR01 – Medical Report for Accident/Occupational Disease (where there is a request for medical refund) to be completed, Signed and Stamped by Medical Doctor

➤ Supporting Documents

- Photograph injury/accident
- Death certificate duly signed by an authorized medical practitioner
- Marriage certificate/declaration (if applicable)
- Next of Kin (NOK) data form
- Letter of Administration (where the deceased is not married)
- Birth certificates of NOK
- Birth certificate of children (if applicable)
- 2 passport photographs of NOK
- Passport photograph of children (2 each – if applicable)
- Police report (in case of road traffic accident, armed robbery/ gun shots injuries)
- Original medical bill breakdown detailing drugs administered, dosage/duration, quantity, unit price and the treatment rendered (where there is request for medical refund)

- Original medical receipts of medical expenses (where there is request for medical refund)
- Schedules of payment for 3 months before the death
- Account details of NOK
- Account details of employer (for refund of medical expenses)

Please note that;

- ❖ The application must be filed within 90 days from the date the last treatment was given or 1 year of the occurrence of death. (Sections 6(2), and 27(3))
- ❖ All documents must be submitted in their original forms
- ❖ Where it is impossible or impractical to submit the originals of supporting documents e.g. marriage certificates, birth certificates etc. the Fund may receive photocopies of the supporting documents only if the originals have been sighted and duly certified and endorsed by the Branch Manager.



Forms & Documents/Requirements for Submission of Claims' Application in Case of Occupational Disease

FIRST STAGE: NOTIFICATION

➤ Required Form and Documents

- ECS.CCF01 – Notification of Accident/Occupational Disease /Death Form
- 3 months' payslips before the of occurrence of disease
- Copy of staff identity card
- Phone number of the sick employee
- Job description
- ❖ The Notification **must be submitted within 21 days** of occurrence of disease as provided for by Sections 4&5 of ECA 2010

SECOND STAGE: APPLICATION FOR CLAIMS/COMPENSATION

➤ Required Forms

- ECS.CCF02 – Claim for Compensation form
- ECS.CCF03 – Affidavit by Employee Confirming Accident /Occupational Disease
- ECS.CCF04 -- Resumption Report form/Claim for Loss of Productivity form
- ECS.CCF05 -- Exposure History for Occupational Disease (to be completed, Signed and Stamped by Medical Doctor)
- ECS.MR01 – Medical Report for Accident/Occupational Disease (to be completed, Signed and stamped by Medical doctor)

➤ Supporting Documents

- Photographic evidence
- Original medical bill breakdown detailing drugs administered, dosage/duration, quantity, unit price and the treatment rendered
- Original medical receipts of medical expenses
- 3 months schedules of payment prior to the date of disease
- Account details of employer
- Accounts details of employee (in case of disability)

Please, note that;

1. The application must be filed within 90 days from the date the last treatment was given or 1 year of the occurrence of the disease. (Sections 6(2), and 27(3))
2. All documents must be submitted in their original forms



Forms & Documents/Requirements for Submission of Claims' Application in Case of Accident

FIRST STAGE: NOTIFICATION

➤ Required Form and Documents

- ECS.CCF01 – Notification of Accident/Occupational Disease /Death Form
- 3 months' payslips before the date of accident
- Copy of staff identity card
- Phone number of the injured employee
- ❖ The Notification **must be submitted within 21 days** of occurrence of accident as provided for by Sections 4&5 of ECA 2010

SECOND STAGE: APPLICATION FOR CLAIMS/COMPENSATION

➤ Required Forms

- ECS.CCF02 – Claim for Compensation form
- ECS.CCF03 – Affidavit by Employee Confirming Accident /Occupational Disease Form
- ECS.CCF04 -- Resumption Report Form/ Claim for Loss of Productivity Form
- ECS.MR01 – Medical Report for Accident/Occupational Disease Form (to be completed, Signed and stamped by Medical doctor)

➤ Supporting Documents

- Photograph of injury/accident
- Medical report (s)
- Police Report (in the case of road transport accident (RTA), gunshot injuries.
- Original medical bill breakdown detailing drugs administered, dosage/duration, quantity, unit price and the treatment rendered
- Original medical receipts of medical expenses
- 3 months schedules of payment prior to the date of accident
- Account details of employer
- Accounts details of employee (in case of disability)

Please, note that;

1. The application must be filed within 90 days from the date the last treatment was given or 1 year of the occurrence of the disease. (Sections 6(2), and 27(3))
2. All documents must be submitted in their original forms

