



FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

AFFIDAVIT BY EMPLOYEE CONFIRMING ACCIDENT/OCCUPATION DISEASE

Claim No.

This form must be completed by the injured/sick employee or his/her dependants and submitted along with Form ECS.BF02

Warning!!! It is a criminal offence to depose to false affidavit.

1. I, _____ the undersigned of (address) _____

Tel. No. _____ make oath and state as follows:

2. My Date of Birth is: (dd/mm/yyyy) ____/____/____

3. (a) For Accident Victim only

i) That I sustain injury. _____ on (date) (dd/mm/yyyy) ____/____/____ while in the employment of (Name with Employer Reg. No. and Address of Employer) _____

ii) That the accident occurred: (description) _____

(b) For Victim of Occupational Disease Only

i) That I was diagnosed (name of disease) _____ which was diagnosed on (date diagnosed) (dd/mm/yyyy) ____/____/____ about year (yyyy) _____ while in the employment of (Name with Employer Registration Number) _____ of (Address) _____

ii) That I was exposed to the following Agents while working with the said employer: (see schedule of Agents attached as guide) _____

iii) That I was exposed to the Agents listed above for. _____ years.

iv) That I consulted a Medical Doctor: (Name, Practice No. and address of Doctor) _____

(4) (a) That I notified my Employer. _____ on (dd/mm/yyyy) ____/____/____ of the accident/ occupational disease

(b) I did not notify my employer the accident/occupational disease because _____

(5) I was off duty for the following period(s) as a result of this accident/occupational disease

From: _____ to _____

(6) I am no longer in my former employment, but presently employed by _____

7. I have received cash advances/earings of N _____ K. from my employer whilst I was offduty for the period _____ to _____

8. Remarks

SIGNATURE OR THUMB PRINT OF EMPLOYEE

SIGNATURE OF THE COMMISSIONER OF OATH & STAMP