FEDERAL REPUBLIC OF NIGERIA

NIGERIA SOCIAL INSURANCE TRUST FUND (NSITF)

(Employees' Compensation Act, 2010)

Claim No.:

Request for Re-opening of a Claim

N.B: Part A to be completed by employee Part B: by a medical doctor upon a relapse of an occupational disease

Please complete in block letters.

PART A

1. Name of Employee

Surname: ☐☐☐☐☐☐☐☐☐☐ First Name: ☐☐☐☐☐☐☐☐ Middle Name: ☐☐☐☐☐☐☐

2. Name of Employer: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Registration No.: ☐☐☐☐☐☐☐☐☐☐☐☐

3. Accident ☐ **or Occupational Disease** ☐

a) Date of Accident/Onset of Disease: (dd/mm/yyyy) ☐☐☐☐☐☐☐☐

b) Date of consultation: (dd/mm/yyyy) ☐☐☐☐☐☐☐☐

c) Has permanent disablement been awarded by NSITF? Yes ☐ No ☐

d) Percentage of disability (if known):

PART B.

1. State the specific diagnosis and the present condition of the employee:

2. List the special investigations performed to confirm (Part B) above. (Attach Reports):

3. Describe the relationship of the present condition to the original injury sustained/disease contracted. (If the only relationship is persistence of symptoms, provide dates of doctor's consultations, diagnosis, and treatment administered and attach sick leave records):

4. Detail treatment plan, with date of hospital admission and proposed procedure(s); name of hospital and estimated costs. (Please, attach a separate page with this information, if the space provided is not enough).

5. How will the proposed treatment reduce the disablement the employee is suffering?

6. Other health team members who will be involved during the procedure/treatment:

I certify that I have by medical examination, satisfied myself that the condition of the employee is the result of the accident/disease as described above.

Name of Medical Practitioner: Surname: ☐☐☐☐☐☐☐☐☐☐☐☐

First Name: ☐☐☐☐☐☐☐☐☐☐☐☐ Middle Name: ☐☐☐☐☐☐☐☐☐☐☐☐

Practice Number: _____ Signature: _____

Address: _____

_____

Tel. Number: _____ Fax Number: _____

e-mail address: _____

Doctor's stamp: _____

Signature of Employee: _____ Date (dd/mm/yyyy): ____/____/____

Employee's Contact Telephone Number: _____

Tel: + 234-9-2911810; + 234-9-2911811; email: claims@nsitf.gov.ng website: www.nsitf.gov.ng