



NIGERIA SOCIAL INSURANCE TRUST FUND

**PARAMETERS FOR COMPREHENSIVE EMPLOYEE'S AFFIDAVIT
IN EVENT OF INJURY/DISABILITY/OCCUPATIONAL DISEASES/ DEATH**

CONTENTS OF CLAIMS AFFIDAVIT FORM

A standard affidavit of court requires that the deponent state his/her *name*, *address* and *religion* in the opening paragraph; however, below is the content of parameters to guide the deponent in making averments/claims to include the following:

1. *Age/DOB*
2. *Name of employer and place of work*
3. *Date and time of accident*
4. *Location of the accident*
5. *Description of accident*
6. *Part of the body affected by the accident*
7. *Nature of disease diagnosed of and the duration*
8. *Name and address of the healthcare facility the employee had undergone or is undergoing treatment*
9. *Place of treatment/diagnosis*
10. *Period of treatment*
11. *Period of absence from duty as a result of accident/disease*
12. *Averment as to whether the employee was paid for the period of absence from duty*
13. *Details of payment, if any.*
14. *Any other information*