

Minor Accident Claim Form (Employee Sample)

The **minor accident claim form** sample for employees provides a clear and concise template to report workplace incidents effectively. It ensures accurate documentation of minor injuries, facilitating prompt processing and support. Using this form helps maintain safety standards and legal compliance within the organization.

Employee Information

Full Name:

Employee ID:

Department:

Contact Number:

Accident Details

Date of Accident:

Time of Accident:

Accident Location:

Description of the Accident:

Provide details of how the accident occurred.

Injury and Treatment Information

Type of Injury Sustained:

Was First Aid Provided?

Yes

Details of Treatment (if any):

Reporting & Verification

Witnesses (if any):

Names of witnesses

Reported to (Supervisor/Manager):

Date Reported:

Declaration

I hereby declare that the above information is accurate to the best of my knowledge.

Employee Signature:

Date:

Submit Claim