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By completing this form, you consent to the use of your data as outlined below:

Data Retention: We will keep the data you provide for 7 years as required by law. After that, it will be kept indefinitely for statistical and research purposes. Your privacy will be protected through anonymization or pseudonymization of the data.

Data Usage: During the retention period, your data may be used to fulfil legal obligations, respond to authorized inquiries, conduct internal analysis, direct marketing, and generate anonymized statistics.

Data Security: We implement measures to ensure the security and confidentiality of your data, including secure storage, restricted access, encryption, and monitoring.

Data Sharing: We may share your data with authorized third parties for legal compliance or research purposes, ensuring they comply with Jamaica's data protection requirements.

Your Rights: You have rights to access, rectify, erase, restrict processing, and data portability. For concerns or inquiries, please contact us. For our full privacy statement please visit our website at <https://www.ironrockjamaica.com/customer-care/privacy-and-security/>

I consent to the data privacy terms above: _____

EMPLOYERS LIABILITY REPORT FORM

Preliminary particulars of the accident are to be furnished by the Employer

Policy Number _____
Name _____
Address _____
Business _____
Telephone Nos Work _____ Mobile _____
Contact Person _____
Mobile Number _____

INJURED PERSON

Name _____
Home Address _____
Age _____ Date Of Birth _____ Occupation _____
Department _____
Was He/She In Your Direct Employment? Yes No If So, From What Date _____
If The Person Is A Male, Please State Yes No
Number of Children Under Age 16 _____
What Are The Wages? Weekly \$ _____ Monthly \$ _____
Name of Hospital Taken to _____
Where Is He/She Now? _____
Date of Incident _____ Time _____ am pm
Location of Incident _____
Address _____

Did He/She Work After The Accident? Yes No If So, To What Date _____

Was The Incident Reported? Yes No If So, To Whom? _____

On What Date? _____

What Was The General Nature of The Work Going On? _____

Was Machinery Being Used? Yes No

If So, What Machinery Was Involved In The Incident? _____

Give Full Details of How the Incident Occurred _____

Was It Caused By: (a) Plant Not Owned By You? Yes No

(b) Anyone Not Employed By You? Yes No

Was He/She Doing His/Her Ordinary Work? Yes No

If No, What Was He/She Doing? _____

Nature Of Injury _____

Were There Any Witnesses? Yes No

If So, Please Provide Details: Name _____

Contact Number _____

I/We, the undersigned, do hereby declare that, to the best of my/our knowledge and belief, the foregoing particulars are true and correct.

Date _____ Signature of Insured _____