



Reliance Insurance Company Limited

181-A, Sindhi Muslim Co-operative Housing Society, Karachi
Tel: 92-21-3-4539415-17 Fax: 92-21-3-4539412 Email: claim@relianceins.com

STATEMENT OF INJURED PERSONS EARNINGS

Statement of wages which have fallen due for payment to _____
_____ in the employ of _____
_____ for 12 months prior to the date of the accident, wages earned during such
shorter period as the injured person may have been in the employer's service.

NOTE:-

The object of the form is to ascertain the exact average monthly earnings of the injured person. It is essential during the above period of employment, state the period and the cause.

Date on which worker commenced duties for the last period of service
Before _____

MONTHS AND YEAR	Wages earned (including overtime: bonus and all cash payments)		Value of free quarters and any other allowance		ABSENCE
	Rs.	Ps.	Rs.	Ps.	
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
Total earnings in the period from _____ to _____ Total Rs.....					

Total Including all allowances Rs. _____
Average Monthly Wages Rs. _____

SPECIAL NOTES

If the worker's period of service was less than one month give the average monthly wages of a workman employed on similar work. Rs. _____

if worker was a daily paid employee give (a) daily rate of wages (b) number of days on an average that he/she work in a month.

- a) _____
- b) _____

- State the exact/nature of allowance _____ Are free quarters provided? _____
- In column "Absence" give date of going on leave or beginning of period of absence and also date of subsequent resumption of work.

The above statement of earnings, etc to the best of my knowledge and belief accurate.

Signature of Employer.

(Add below any additional information available regarding the accident)

Date _____ 20_____

Signature of Employer