Employment and Social Development Canada

Emploi et Développement social Canada

THE MERCHANT SEAMEN COMPENSATION ACT
REPORT OF ACCIDENT AND CLAIM

Name of Injured Seaman _____ Occupation _____

Present Address _____

Usual residence, if different from above _____

Nationality _____ Date of Birth _____ Marital Status _____

Where last signed on _____ Date signed on _____

Name of Employer _____

Address _____

Name of Ship _____ Official Number _____ Port of Registry _____

Registered Owner, Owners or Charterer (state which) _____

Address _____

Managing Owner, Manager or Ship's Husband _____

Address _____

1.	Date and hour of the accident	_____ _____ at _____ o'clock _____ m.
	Date and hour seaman first laid off work	_____ _____ at _____ o'clock _____ m.
	Date seaman first reported accident	_____ _____ at _____ o'clock _____ m.
	Identify place (port or at sea) where accident happened	
2.	Was it part of his regular work? What was the seaman doing at the time? If not, specify.	
3.	Describe fully how accident occurred, mentioning the part of ship, dock, warehouse, machine, tool, article, or other matter or thing connected with the accident. (If more space is needed to answer questions 3 and 4, write on the back of this form, noting here that you are doing so.)	
4.	If accident was caused by a person not in the service of employer, give his name and address together with necessary details.	
5.	Description of injury or illness.	
6.	Physical defects, illnesses or mutilations prior to this accident.	
7.	Give names and addresses of witnesses of accident - two, if possible.	
8.	Name and address of attending doctor Name and address of dentist, if any To what hospital did seaman go, if any? Where is he now?	
9.	Is seaman now working again?	If so, since when? _____ at _____ m.
	If not, is he able to do so?	If so, since when? _____ at _____ m.
	If not, give probable date he will be able to return to work.	
	Did he work any after first laying off? If so, give dates	From _____ _____, at _____ m. to _____ _____; at _____ m.

See also Questions on Back of Form.

IMPORTANT: Every accident that comes within the scope of the Act and which disables a seaman for three days or more must be reported promptly to the Labour Program, Federal Workers' Compensation Service, Gatineau, Quebec K1A 0J2

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10.	State length of time seaman was engaged with employer prior to accident.	
11.	Give separately for each month (or for each pay period), seaman's earnings and lost time or the four months (or pay periods), preceding accident.	from _____ to _____ $ _____ _____ days from _____ to _____ $ _____ _____ days from _____ to _____ $ _____ _____ days from _____ to _____ $ _____ _____ days
12.	What where the seaman's monthly earnings at the time of the accident? **DO NOT INCLUDE BOARD ALLOWANCE**	Basic Wage $ _____ Bonus $ _____ Overtime $ _____
13.	Normal number of working days a month for the grade of work? What were seaman's working hours?	_____ days. from _____m., to _____ m., and from _____ m., to _____m.
14.	What were seaman's total earnings with the employer for the 12 months or for the shorter time he was in the same grade of work immediately preceding the pay period in which the accident occurred?	$ _____from_____ _____ to_____ _____
15.	How much time did seaman lose during that period and what was the cause?	Lack of work _____days; Sickness _____ days Holidays _____days; Total time lost _____ days
16.	What would be average earnings for past year of a seaman in same grade of work?	$ _____per month.
17.	Has injured seaman been paid or allowed anything for the period of his disability? If so, give particulars What was or will he be paid for the day he lay off?	_____ Total Amount $ _____ $ _____ What is his usual day's pay? $ _____
18.	Describe fully any previous accident sustained by seaman giving date and amounts received therefor.	
19.	Has seaman had any previous, similar or related disability? If yes give details	
3.	(Continued)	
4.	(Continued)	

I, the undersigned, declare that the above is true and correct, and I claim compensation for the accident.

Date _____ _____
Signature

CERTIFICATE OF EMPLOYER

I hereby certify that the above mentioned seaman was in the service of the employer herein named, at the time the accident occurred, and that all information contained herein is true and correct to the best of my knowledge.

Signing Officer

Official Title _____

Date _____ for _____
Employer