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**Occupational  
 Health and Safety  
 Authority**

17, Edgar Ferro Street, Pietà, PTA 1533  
 Tel: 2124 7677-8 Fax: 2123 2909  
 email: ohsa@gov.mt  
 website: http://www.ohsa.org.mt

**REPORT**

**of INJURY**

and APPLICATION for Benefit

Date of Injury:

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Application received  
 at this office on:

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**PART 1. TO BE FILLED IN BY THE PERSON MAKING THE CLAIM / REPORT**

**[A] Purpose of this form:** Tick (✓) as applicable:

- Claim for Injury Benefit to the Department of Social Security
- Injury at work report to the Occupational Health and Safety Authority.
- Claim for Injury Benefit and Report of injury.
- Employer's Report to the Occupational Health and Safety Authority

**[B] Applicant's Details:**

Identity Card No:  Social Security No.

Name:  Surname:

Spouse's Identity Card No. (if applicable):

Name of Spouse:  Surname of Spouse:

Is spouse working on a full time basis? Tick (✓) as applicable:  YES  NO

Address:

Date of Birth:  Sex:  Nationality:

- Status: single
- married  separated and maintains spouse
- single parent  separated and does not maintain spouse

Telephone Number:  Mobile Number:

Fax Number:  E-Mail:

- Tick (✓) if you would like to receive an SMS notifying social benefit payment.
- Tick (✓) if you would like to receive information and news by e-mail or SMS from the Department of Social Security.

Employment: Employed  Self occupied  Work description

Part-Time  Full-Time

I work by roster / shift five or six days per week

I do not work on  and

**[C] Injury details** (It is important that all i, ii, iii, u iv in this section are filled in)

Date of Injury

Time of accident:

i. In what type of work place were you working in when injury happened?

(example: production place in a factory; workshop; store; dockyard; demolition or construction site; hotel; restaurant; hospital or any other place of work.)

.....  
.....

ii. What was the main cause of injury?

(example: slip; fall from a height; lifting of heavy objects; dropping of objects; dropping of liquid; fire; breakage of material, machinery out of control; tools out of control; electrical fault, explosion; etc.

.....  
.....

iii. Give details about the machinery; the tools; the substances; vehicles; scaffolding or other items you were working with before the accident:

.....  
.....

iv. With what was the impact causing the accident?

(example: hit the floor; hit by a falling object; electrical shock; exposure to toxic substance; machinery)

.....  
.....

**[D] Details of two witnesses of accident:**

WITNESS 1

Identity Card No.

Name .....

Surname: .....

WITNESS 2

Identity Card No.

Name: .....

Surname: .....

**[E] Payment**

Benefit should be deposited in a Savings or Current Account but not a Loan Account.

Account No.

Bank:



Did the employed return back to work?

YES		NO	
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If YES, fill in also the following declaration:

I declare that the above mentioned person has returned back to work on

after being absent from work between

.....  
Employer's Signature

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Date

**[B] Declaration in case of a self occupied person.** *(To be filled in by a Police Officer)*

I declare that an Injury Report at the place of work has been logged in by the mentioned person.

.....  
Signature of Police Officer

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Police No.

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Date

**PART 3. TO BE FILLED IN CASE OF A PUBLIC SERVICE EMPLOYEE**

For use by the Head of Department *(where applicable)*

"Injury / Ordinary Sick Leave" approved *(delete where not applicable).*

.....  
Employer's Signature

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Date

**PART 4. TO BE FILLED IN BY THE MEDICAL DOCTOR EXAMINING INJURED PERSON**

I have examined the injured person and certify that he / she is not able to report back for work today due to an injury specified in Tables A and B below.

In my opinion the person will not be able to return back to work for at least ..... more (days / weeks / months).

**TABLE A - Classification of Type of Injury at Work**

Medical Doctor is requested to tick [✓] type of injury on the table below:

<b>TYPE OF INJURY</b>	
Injury not known or not specific	
<b>Superficial Wound or Injury</b>	
Superficial Injury	
Open wound	
Other type of superficial wound or injury	
<b>Fracture of Bones</b>	
Closed fractures	
Open fractures	
Other type of bone fractures	
<b>Dislocations, Disjoints and overwork</b>	
Dislocations	
Disjoints and overwork	
Other types of dislocations, disjoints and overwork	
<b>Amputation of body parts</b>	
<b>Concussion and Internal Injury</b>	
Concussion and head injury	
Internal Injury	
Other types of concussion and head injury	
<b>Burns, Scalds and Skin Inflammation due to cold</b>	
Burns and scalds	
Burns due to chemical	
Inflammations of skin due to cold	
Other types of burns, scalds and skin inflammation due to cold	
<b>Poisoning and Infections</b>	
Severe poisoning	
Severe infection	
Other types of poisoning and infections	
<b>Drowning and Shortness of Breath</b>	
Shortness of breath	
Drowning	
Other types of drowning and shortness of breath	
<b>Noise Effects</b>	
Severe hearing loss	
Other noise effects	
<b>External temperature, Light and Radiation Effects</b>	
Heat and Sunstroke	
Radiation Effects	
Low temperature effects	
Other effects due to External Temperature, Light and Radiation	
<b>Shock</b>	
Shock from aggression or threatening	
Traumatic Shock	
Other types of shock	
<b>Multiple Injury</b>	
Other specific injuries not listed in this table	

## TABLE B - Part of body effected due to incident

Medical Doctor is asked to tick [✓] the part of body effected due to incident as per table below.

PART OF BODY EFFECTED DUE TO INCIDENT	
A non specific part of the body	
<b>The Head</b>	
The head, the brain, the nerves of the skull	
The face	
The eyes	
The ears	
The teeth	
Various parts of the head	
Another part of the head not mentioned above	
<b>The Neck and the Backbone</b>	
The neck and the backbone	
Other parts of the neck not mentioned above	
<b>The Back and the Backbone</b>	
The back and the backbone	
Other parts of the back not mentioned above	
<b>It-Torso</b>	
The ribs, the joints, the shoulders	
The chest	
The pelvis, the stomach	
Various parts of the torso	
Other parts of the torso not mentioned above	
<b>Upper part of the body</b>	
The shoulders and the shoulders' joints	
The arm and the elbow	
The hands	
The fingers	
The pulse	
Various parts of the upper part of the body	
Parts of the upper part of the body not mentioned above	
<b>Lower part of the body</b>	
The hips and hips' joints	
The legs and the knee	
The ankle	
The foot	
The toes	
Various parts of the lower part of the body	
Parts of the lower part of the body not mentioned above	
<b>The whole body or various non specific parts</b>	
The whole body	
Various parts of the body	
Other parts of the body not mentioned above	

..... Name of Medical Doctor IN BLOCKS	..... Medical Council Number
..... Signature of Medical Doctor	..... Date

### Data Protection Declaration:

The Department of Social Security collects all relevant personal information to provide its services to individuals who qualify for assistance, allowance or non-contributory pensions in accordance with the Social Security Act (Cap 318). The Department may verify the information submitted by you in line with article 133 (b) of the Social Security Act to ensure its accuracy in relation to the claim. Personal data may be disclosed to departments / third parties, who may also have access to your data as authorised by law. Personal information may also be exchanged with benefits institutions of other countries to combat and deter fraud, as provided for in international treaties or bilateral agreements to which Malta is a party. You will be informed in due course of the result of your claim after it has been assessed.

The Department of Social Security treats your personal information in accordance with the Data Protection Act, (Cap 440) to protect your privacy. You may request in writing to access information held about you, and eventually to rectify, and where applicable to erase incorrect information, having regard to the claim for which you applied. Such request is to be addressed to: "The Data Controller" at the Department and appropriate action would be taken at the earliest possible time. In making such requests, kindly quote your identity card number, national insurance number, your name and address and other relevant documentation to identify your case.