

In the event of an accident involving a motor vehicle on a public road:

- a. Answer the following questions on your company's letterhead.
- b. Include both the questions and their answers in your letter.
- c. Draft your letter in the form of a sworn statement.
- d. Deliver to the Compensation Commissioner with your claim.

To whom it may concern

Regarding the injury on duty of (employee name)

- 1. Who is the registered owner of the vehicle?
- 2. Describe in detail when and where (street names etc.) the accident took place
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- 3. From where and to where was the vehicle traveling at the time of the accident?
- 4. Was the vehicle on a direct route to its destination from its place of departure?
- 5. What was the purpose of the journey?
- 6. Was the vehicle specifically used for the purpose described in your answer to question 6? (For example, if the purpose of the journey was to deliver bread, was the vehicle assigned to the task of transporting bread?)
- 7. What control did you as employer exercise over the driver of the vehicle for determining the vehicle's point and time of departure, destination and route, as well as being able to discontinue the transport at any time?
- 8. Was transport supplied free of charge to the employees to transport them to and from their work during official working hours?
- 9. Please provide the names and claim numbers of other employees injured in the same accident (if any)
- 10. In whose employment was the driver of the vehicle?

Signature of Employer

Date