## **FORM G10**

**PENDING BILLS VERIFICATION COMMITTEE (PBVC)**

**COMPENSATION TO INJURED GOVERNMENT OFFICER/EMPLOYEE THROUGH**

**WORK INJURY BENEFITS ACT (WIBA) AND GROUP PERSONAL ACCIDENT) CHECKLIST**

**PART 1: DETAILS OF THE PENDING BILL CLAIM**

**Name of Entity/Institution:** …………………………………….……………………………………..

**Name of Affected Person:** …………………………………….……………………………………….

**P.O. Box** ………………. **Code:…**………… …..**City/Town:** ……………………………………………

**Cellphone No:** …………………………………….………………………………….……………………

**Approved Full Work Injury Benefits Act (WIBA) And Group Personal Accident Compensation Amount**……………………………………….…………………………

**Amount of Work Injury Benefits Act (WIBA) And Group Personal Accident Compensation Already Paid**……………………………………………………………………………………

**Amount of Work Injury Benefits Act (WIBA) And Group Personal Accident Compensation to be Compensated as Pending** Kes…………………………………………………………….

**Description of injuries caused by the Accident to the Government Officer/Employee:**  ………………….……………………………………………………….……………….……………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………..

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**Financial Year when the incidence took place**: …………………………………………………………...

**Financial Year when compensation was Approved**:…………………………………………………

**PART 2: PENDING BILL SUBMISSIONS OF INJURED GOVERNMENT OFFICER WHILE ON DUTY (WIBA) AND WHILE OFF DUTY (GPA)**

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| **S/No.** | **REQUISITE DOCUMENTS OF THE INJURED GOVERNMENT OFFICER** |
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|  | **DETAILS OF INJURED GOVERNMENT OFFICER/EMPLOYEE SEEKING COMPENSATION** |
| 1.
 | Copy of Identity Card  |
|  | Cell phone number |
|  | Occurrence Book No. (OB No. ) and Police abstract that show the reporting of the accident when and where it took place. |
|  | Place where accident took place |
|  | Local police station where the report was made |
|  | A copy of the Complainant Statement from the Local Police |
|  |  |
| B. | **SUPERVISORS LETTER TO THE INJURED GOVERNMENT OFFICER/EMPLOYEE** |
|  | Letter written by Supervisor of the Injured Government Officer/Employee on the injuries to the Director, Human Resources Management and Development  |
|  |  |
|  C. | **HUMAN RESOURCES MANAGEMENT AND DEVELOPMENT DOCUMENTS IN RESPECT TO THE INJURED GOVERNMENT OFFICER/EMPLOYEE FOR WIBA** |
|  | Appointment letter certified by Human Resources Management Officer OR Certified by Board of Directors and resolution minutes |
|  | Letter of latest promotion certified by Human Resources Management Officer OR Certified by Board of Directors and resolution minutes |
|  | Initials of Injury Advance Proforma by Human Resources Management and Development of the Injured Government Officer/Employee |
|  | Claimants (Injured Government Officer/Employee) previous months pay slip  |
|  | Medical report by Medical Officer/ Medical Doctor from Local Health Facility of the Injured Government Officer/Employee |
|  | Bank details of Officer/Claimant |
|  | Copy of the ATM card  |
|  | Medical Board Report by the Department of Occupational Safely Authority (DOSA) on the Injured Officer that has assessed the injury  |
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