



Republic of the Philippines
GOVERNMENT SERVICE INSURANCE SYSTEM
 NCR – PASIG Extension Office
 Upper Ground Floor, JNCV Building
 Pasig Blvd. cor. Rosemarie Lane, Pasig City 1600

Received by: _____
 Date: _____

REPORT OF INJURY/SICKNESS/DEATH

Sir/Madam:

Notice is hereby given that the employee named below () was injured () contracted sickness () died on _____.

Hereunder are the pertinent data:

NAME: _____ **OFFICE:** _____
 Address: _____ Address: _____
 Age: _____ Gender: _____ Civil Status: () Single () Married () Widow/er
 Position/Occupation: _____
 Salary: _____ Basic: _____ Allowance: _____

I. INJURY OR SICKNESS

- a. Nature of injury/sickness _____
- b. Date of injury/sickness _____
- c. Time of injury/sickness _____
- d. Place where the accident occurred _____
- e. Describe fully how accident happened and what the employee was doing when injured _____

- f. Name of Hospital _____
- g. Name of Attending Physician _____

II. DEATH

- a. Date of death _____
- b. Time of death _____
- c. Cause of death _____

(In case of death, submit death certificate issued by Philippine Statistics Authority (PSA) former National statistics Office (NSO))

Date Accomplished _____

Very truly yours,

 Head of Office

 Designation