

Industrial Injuries Disablement Benefit

Office stamp

Our phone number is

Code	Number	Ext
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If you have textphone, you can call on

Code	Number
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If you get in touch with us, tell us this reference number

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Date

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We need some information

This is not a claim for benefit. If you want to claim benefit for your accident, complete a **BI100A Industrial Injuries Disablement Benefit for an accident at work** claim form. If you delay making a claim, you may lose money. You can get this form from your local social security office.

If you have had an accident while you were working for an employer, use this form to tell us about it. We use the word *accident* to mean anything unexpected that happens to you at work, or in connection with your work, that might lead to injury or illness.

If you fill in this form, we will decide whether the accident counts as an industrial accident.

We will write to you to tell you what we have decided. If your accident counts as an industrial accident, we will send you something called an accident declaration and a leaflet which tells you more about Industrial Injuries Disablement Benefit. We will also keep a record of the decision in case you ever need to claim benefit because of your industrial accident.

What to do

Please answer the questions on this form. Give as much information as you can.

If you need more space to answer any of the questions, continue on a separate sheet of paper. Remember to write your name and National Insurance (NI) number on it and send it to us with this form.

If you have not already told your employer about the accident, make sure that you tell them now.

Please turn over ►

Social Security Office

Part of the Jobcentre Plus network,
Department for Work and Pensions

Part 1 About you

Surname	<input type="text"/>
Other names	<input type="text"/>
Any other surnames you have had	<input type="text"/>
Title	<input type="text" value="Mr Mrs Miss Ms Dr Rev"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Daytime phone number	<input type="text" value="Code"/> <input type="text" value="Number"/>
What is this number? Please tick.	Home <input type="checkbox"/> Work <input type="checkbox"/> Mobile <input type="checkbox"/> Fax <input type="checkbox"/>
Date of birth	<input type="text" value="/"/> <input type="text" value="/"/>
National Insurance (NI) number	Letters <input type="text"/> <input type="text"/> Numbers <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Letter <input type="text"/>

Part 2 About your work

Please tell us about your job when the accident happened.

Name of employer	<input type="text"/>
Their address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Their phone number, if you know it	<input type="text" value="Code"/> <input type="text" value="Number"/>
Workplace	<input type="text"/>
Job	<input type="text"/>
Department	<input type="text"/>
Payroll, staff or other reference number	<input type="text"/>

Part 3 About the accident

Please tell us about the accident. Give as much information as you can.

1 **When did the accident happen?** Date Time

2 **Where did the accident happen?**

3 **What were you doing when the accident happened?**

4 **What was the accident and how did it happen?**
Please give as much detail as you can. For example, if you fell or something fell onto you, what was the height of the fall?

Part 3 About the accident – continued

- 5 Please describe the injuries you received in the accident.
Please give as much detail as you can. For example, if you injured an arm, say which arm – left or right.

- 6 Have you reported the accident to your employer?

No Please tell them about the accident straight away

Yes Please tell us the name of the person you reported the accident to

Part 3 About the accident – continued

7 Did anyone take down details of the accident? No
Yes

8 Did anyone else see the accident? No
Yes Please tell us about them

Their name

Their address

Postcode

Their name

Their address

Postcode

■ Your application for a declaration

I apply for a declaration that this accident was an industrial accident.

I understand that this application is not a claim for benefit.

Your signature

Date

■ What to do now

Please make sure that you have answered all the questions on this form.

Send this form to your social security office as soon as you can. For your nearest social security office, look for the **Jobcentre Plus, social security** or **Jobcentre** display advert in the business numbers section of the phone book. If you did not get an envelope with this form, you can get one from any post office. It will not need a stamp.

■ How we collect and use information

The Department for Work and Pensions collects information for social security, child support, vaccine damage, employment and training purposes. The information we collect about you will depend on the nature of your business with us but may be used for any of the Department's purposes.

We may check information provided by you, or information about you provided by a third party, with other information held by us. We may also get information about you from certain third parties, or give information to them, to check the accuracy of information, to prevent or detect crime, or to protect public funds in other ways, for research and statistical purposes, as permitted by law.

These third parties include other government departments, local authorities, and private sector bodies such as banks and organisations that may lend you money.

We will not disclose information about you to anyone outside the Department unless the law permits us to. The Department is the Data Controller for the purposes of the Data Protection Act. If you want to know more about what information we have about you, or the way we use your information, you can contact any of the Department's offices and ask for the leaflet **GL33 Data Protection Act 1998 – It affects you**. Or you can find a copy of the leaflet on our website. The address is www.dwp.gov.uk