

Form No. 1
The Criminal Injuries (Compensation) Act, 1973

**Application by Injured Person with Respect to
Compensation Payable to Him/Her**

***ALL APPLICATIONS MUST BE COMPLETED IN FULL; FAILURE TO DO SO WILL DELAY
CONSIDERATION BY THE CRIMINAL INJURIES COMPENSATION BOARD***

**APPLICATIONS MUST BE MADE WITHIN ONE YEAR OF THE DATE OF INJURY FOR WHICH
THIS APPLICATION IS BEING MADE.¹**

1. On the _____ day of _____ 20_____
Personal injury was caused to _____

2. An application under the Act is hereby made by the said _____
for the payment of compensation in respect of the following matters:

- | | |
|--|-----------------|
| a) Expenses actually and reasonably incurred as a result of the injury | \$ _____ |
| b) Pecuniary loss as a result of incapacity for work | \$ _____ |
| c) Other pecuniary loss resulting directly from the injury | \$ _____ |
| d) Other expenses resulting directly from the injury | \$ _____ |
| e) Pain and suffering and loss of amenities | \$ _____ |
| f) Costs of proceedings under this Act | \$ _____ |
| TOTAL AMOUNT CLAIMED AS COMPENSATION: | \$ _____ |

3. Particulars are hereto appended (or annexed) – together with Medical Report by
Dr. _____

***MEDICAL REPORTS REQUIRED FOR CONSIDERATION OF INJURIES AND ANY PSYCHOLOGICAL IMPACT
RELATED TO THE INCIDENT.***

¹ NOTE: In accordance with the Criminal Injuries (Compensation) Act 1973

4 (1) An application for compensation shall be made within one year of the date of the injury or death in respect of which the application is made; but the Board may, if it thinks fit, extend the period of one year for a further period not exceeding twelve months.

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PARTICULARS

1. Name of the Applicant: _____

Address of Applicant: _____

Email address: _____

Tel. no: Home: _____ Work: _____ Cellular: _____

Age: _____ Birth Date: _____ Status: _____

Occupation at the time of incident: _____

Employer at the time of incident: _____

Insurance at the time of incident _____

2. Name and address of offender(s) _____

3. Time & Place of Incident _____

Circumstances which caused the injury _____

4. Nature of injury to Applicant _____

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5. Details of hospital or dental treatment, if any, and particulars of any incapacity or disability, whether temporary or permanent; if permanent whether total or partial, and if temporary, estimated duration of incapacity or disability:

6. Period during which applicant had to be absent from work and average weekly or monthly earnings of the applicant at the time of the injury: _____

7. Average weekly amount which the applicant is earning or is able to earn in some possible employment after the injury _____

8. Sick pay or other payment, allowance or benefit received consequent of the injury

9. Pension, gratuity, social security benefit, insurance compensation payable or damages recovered as a consequence of the injury _____

10. If the offender has been prosecuted, particulars of prosecution of offender and conviction (if any) _____

11. If no prosecution, date of report of offence to Police _____

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12. Details of any previous application to the Board for compensation (if applicable)

Dated this _____ day of _____ 20_____

Signature: _____

Applicant or his guardian, if applicant is under age 18 (or his legal representative)

PLEASE NOTE THAT THE HEARING WILL BE IN PRIVATE

I hereby verify that the above statements are correct, and true. I agree to give all reasonable assistance that may be required, and authorize the following to supply information to the Board.

- i) I authorize my doctors, dentist and the hospital(s) to release reports as to my information relevant to this application;
- ii) I authorize the Bermuda Police Service to supply a copy of my statement or statements;
- iii) I authorize the Department of Financial Assistance to give details of payments and any other information relevant to the applicant;
- iv) I authorize my employers to give details of earnings, pension rights and any other matters relevant to the application.

I understand that the Board may notify any of the above that a claim has been submitted, and may inform them of the decision.

Date: _____ Signature: _____

ENSURE THAT YOU HAVE REVIEWED AND COMPLETED THE APPLICATION CHECKLIST. THIS WILL ASSIST IN CONFIRMING THAT THE APPLICATION IS READY FOR SUBMISSION.

(for office use only)

CICB Application No. _____

Date Received: _____

ANY COMMENTS: _____
