

The  
**VIRTUAL MUSEUM**  
of the  
**LANCASHIRE & YORKSHIRE RAILWAY**

Operational Documents & Pamphlets

Undated.

Fatal Accident Compensation Claim Form.

Shown as:

Front Upper

Front Lower

Reverse Upper

Reverse Lower.

(4 Pages).

# LANCASHIRE AND YORKSHIRE RAILWAY.

(Gen. 231)

*Register No.* \_\_\_\_\_

(To be filled in by Secretary)

## CLAIM FOR FATAL ACCIDENT COMPENSATION

Under the "Workmen's Compensation Act 1906."

Name, late Residence and Age of Deceased Servant ... ..	Name	Residence	Age
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In what capacity employed and at what Station or Works ... ..
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Date of Accident	Date of death .....	Date up to which wages were last paid (inclusive) ... ..
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	Name of wholly dependent	Age	Name of partly dependent	Age	Particulars of Earnings
All Particulars respecting each person claiming to be wholly or partly dependent upon deceased					

*Signature of Claimant* \_\_\_\_\_ *Date* \_\_\_\_\_ 19\_\_

*Address of Claimant* \_\_\_\_\_

*Relationship of Claimant to Deceased* \_\_\_\_\_

(To be filled in by the Officer in Charge of the Department in which the Servant was employed)

State where the Accident occurred, with full particulars... ..

State if deceased person at the time of his accident was working on Joint Account. ... ..

Signature of Claimant \_\_\_\_\_

Date \_\_\_\_\_

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Address of Claimant \_\_\_\_\_

Relationship of Claimant to Deceased \_\_\_\_\_

(To be filled in by the Officer in Charge of the Department in which the Servant was employed)

State where the  
Accident occurred,  
with full parti-  
culars... ..

State if deceased person at the time of  
his accident was working on Joint  
Account. ... ..

OFFICIAL CERTIFICATE.

Station \_\_\_\_\_

Department \_\_\_\_\_

Date \_\_\_\_\_

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*I certify that to the best of my knowledge and belief the information  
stated above is correct.*

Signed \_\_\_\_\_

This form when completed must be forwarded to Mr. R. C. IRWIN, Secretary, Hunt's Bank, Manchester.



16	55	94	133
17	56	95	134
18	57	96	135
19	58	97	136
20	59	98	137
21	60	99	138
22	61	100	139
23	62	101	140
24	63	102	141
25	64	103	142
26	65	104	143
27	66	105	144
28	67	106	145
29	68	107	146
30	69	108	147
31	70	109	148
32	71	110	149
33	72	111	150
34	73	112	151
35	74	113	152
36	75	114	153
37	76	115	154
38	77	116	155
39	78	117	156

Carried forward...

Carried forward...

Carried forward...

TOTAL...

(To be filled in by the Secretary) Weekly Average £ : : Amount of Compensation due £ : :

NOTE 1.—If the deceased servant in respect of whom compensation is claimed had been in the employ of the Company for more than Three years, each week's earnings, as entered in the Pay Sheet for the 156 weeks immediately preceding the Accident, must be entered in consecutive date order. If he had been in the employ for a less period than Three years, then each week's earnings, as entered in the Pay Sheet from the date of his engagement up to the week immediately preceding the Accident, must be entered in consecutive date order. If the accident occurs in the middle of a week, the broken week's earnings not to be included.

- 2.—In the event of no amount having been earned in any week, insert the word "Nil" in the money column opposite such week.
- 3.—The weekly earnings must be the full amount earned, as entered in the Pay Sheet, without any deductions, but must not include allowances for Lodgings, Food, Travelling, and other expenses.