

# THE NORWEGIAN NATIONAL INSURANCE SCHEME (FOLKETRYGDEN)

Report on occupational injury / personal injury  
sustained in the course of duties on board ship  
or during fishing/catching

## INFORMATION CONCERNING INJURY REPORT

### I WHEN SHOULD THIS FORM BE USED?

In the event of an occupational injury or disease sustained by:

- A. Norwegian and foreign-national citizens employed on Norwegian ships engaged in domestic and international trade registered in the ordinary Norwegian Ship Register. Exceptions are given in item II, letter C, below.
- B. Norwegian and foreign-national citizens resident in Norway, employed on Norwegian ships registered in the Norwegian International Ship Register (NIS). The same applies to foreign-national citizens who are not resident in Norway and are insured pursuant to the mutual-benefits agreement Norway has entered into with another country in accordance with the National Insurance Act, Article 1-3. As of 1 January 1994, when the EEA agreement entered into force for Norway, this also applies to citizens of EEA countries.
- C. A person working on a Norwegian fishing vessel.

### II THIS FORM SHALL NOT BE USED FOR AN OCCUPATIONAL INJURY OR DISEASE WHICH OCCURS:

- A. On board a drilling vessel which is engaged in the exploration of submarine natural deposits. In the event of such an injury, the special injury report form (NAV form 13-06.05) must be used.
- B. To foreign-national citizens who are not resident in Norway and employed on Norwegian ships registered in the Norwegian International Ship Register (NIS). The exceptions do not apply to citizens of EEA countries etc., as mentioned under item 1, letter B above.
- C. To foreign-national citizens who are not resident in Norway and employed by foreign employers operating a business on board a Norwegian ship in international trade. The exceptions do not apply to those persons covered by the EEA agreement or mutual-benefits agreements in accordance with the National Insurance Act, cf. item 1 letter B above.

Injuries which are mentioned under items B and C above are to be reported on the special injury report form supplied by the Norwegian Maritime Directorate (The Maritime Directorate's personal injury form KS-0197. English version KS-0197E). This form is to be sent to the Norwegian Maritime Direktoratet (Sjøfartsdirektoratet), independent of whether or not the employee is a member of the National Insurance Scheme.

### III PURPOSES OF THE INJURY REPORT FORM

1. To give the National Insurance authorities the basis for evaluating whether the personal injury or illness in question can be recognized as an occupational injury or occupational disease, in which case the National Insurance Scheme's special regulations for occupational injuries apply (see item IV below).
2. To give the public authorities information which may be of help in the evaluation of safety issues and safety measures etc. at the workplace.
3. To enable the compilation of injury/accident statistics. The Maritime Directorate is responsible for dealing with **all** cases involving personal injuries. The National Insurance Administration deals with the cases of recognized **occupational injuries and diseases**, cf. item IV below.

### IV. WHAT IS AN OCCUPATIONAL INJURY?

By occupational injury is meant bodily injury or illness which is caused by a **work accident**, i.e. an accident which occurs in a **work** situation, at the place of work, during working hours. For persons employed on board ships registered as 100 gt or more, all time spent on board is counted as working time. For fishermen, whalers/sealers, share fishermen and those self-employed in the inshore shipping and lighter trades, the occupational injury cover applies to injuries sustained while performing their business or trade. For owners of fishing or whaling/sealing vessels, the occupational injury cover only applies while they are working in board ship.

By **accident** is meant a sudden and unexpected **external** strain or load which lies outside the scope of normal working activities. NB! A «crick» or «strain» which occurs while carrying, lifting etc. will generally not be recognized as an occupational injury unless something which can be termed «accidental» has occurred. Certain illnesses are recognized as having the same standing as occupational injuries, for example illness caused by poisoning and allergic and lung diseases.

**NB!** The National Insurance authorities determine whether the injury or disease can be recognized as an **occupational injury of occupational illness**. Therefore a report must be submitted even in cases where the person making the report is in doubt in this regard (see item V below), and this doubt must also be included.

### V. NOTIFICATION REQUIREMENT

All occupational injuries/illnesses which require medical treatment must be reported, and this also applies to work disability lasting at least into the seaman's next shift/duty period. The report must be filled in within 36 hours by the captain or shipowner, or his/her representative. The report must be submitted as soon as possible and within three days (see item VI below).

In the event of death or serious injury the report must be submitted to the Maritime Directorate immediately by telecom.

## VI. TO WHOM SHOULD THIS FORM BE SENT?

1. If the injury or illness has occurred during the course of work carried out on a ship/vessel engaged in domestic trade, copies 1 and 2 must be sent to the local National Insurance Office (NAV lokalt) in the municipality where the shipowner/company have their office.
2. If the injury or illness has occurred during the course of work carried out on a ship/vessel engaged in foreign trade, copies 1 and 2 must be sent to the NATIONAL INSURANCE OFFICE FOR SOCIAL INSURANCE ABROAD. (NAV Utland), P.O. Box 8138 Dep., N-0033 OSLO.

The person submitting the injury report shall retain copy no. 3 (altered 01.2008 - previous copy no. 3 is withdrawn, because the Maritime Directorate's personal injury form KS-0197 replaces previous copy no. 3.

## VII. HOW TO FILL IN THIS FORM

All questions must be answered as accurately as possible. Some of the especially important questions are:

**Section 1:** «DATE OF BIRTH AND NATIONAL IDENTITY NUMBER» – Persons who have not been assigned a Norwegian national identity number by the Norwegian authorities are to use their date of birth using the day/month/year format.

«MUNICIPALITY OF RESIDENCE/COUNTRY» – The municipality is to be entered if the person in question is resident in Norway. Persons residing abroad must enter the name of the country of residence. «EMPLOYED AS OF» – The date when employment in the company started. «PRESENT POSITION» – The title of the position the person in question held at the time of the injury.

**Section 2:** Under «GROSS TON REGISTER» the exact tonnage must be given. «TRADE» – Here it must be entered whether the ship was engaged in domestic or foreign trade when the injury occurred. Furthermore, the register the ship is registered in must be entered.

**Section 3:** «BASE WAGE» List the gross base wage per hour/day/week/month received by the person in question for the execution of his/her normal work at the time of the injury. Any fluctuations in income as a result of arbitrary or temporary conditions should be disregarded. «SUM OF REGULAR EXTRA INCREMENTS AND OVERTIME PAY etc.» – Here all regular extra increments to the base wage of the person in question, overtime pay, extra holiday pay, leisure time compensation, etc. should be included. Benefits intended to compensate for expenses incurred from working conditions, such as travel allowance, tools allowance, work clothes / uniform allowance, food allowance etc. are not to be included. If the person in question has been employed in his/her present position for less than 12 months, the period during which income was earned must be entered in the space to the right.

**Section 5:** All the questions in this section must be answered as accurately as possible. If there is too little space answers/information may be written on a separate sheet of paper to be enclosed with the copy of the form which is to be submitted to the local National Insurance Office (NAV lokalt), refer to item VI above. Any log transcripts etc. must also be enclosed with what is sent to the local National Insurance Office.

The person submitting the injury report must ensure that the form has been filled in as completely as possible and signed by the employer or a person having the authority to represent the employer. Please ensure that **all copies of the form are legible.**

# THE NORWEGIAN NATIONAL INSURANCE SCHEME

THIS COPY OF THE FORM IS TO BE SUBMITTED TO THE  
LOCAL NATIONAL INSURANCE OFFICE (NAV lokalt)  
SEE ITEM VI OF THE INFORMATION PAGE

## Report on occupational injury/personal injury sustained in the course of duties on board ship or during fishing/catching

B
1

1 Information about the injured person	Date of birth and national identity no. (11 digits), or date of birth (day, month, year)		Injured person's full surname, Christian names(s)			
	Residence address					
	Municipality of residence		Country		Nationality	
	Date from which employed (day, month, year)	Present position		Duration of employment in present position	Share fisherman <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Spouse's full surname, Christian name(s)			Number of children under 18 years of age		
2 Information about the employer and the ship	Name and address of employer/shipowner			Telephone number		
	Name of ship and distinguishing signal		Class	Gross ton register	Trade area	
	The ship is registered in: <input type="checkbox"/> The ordinary Norwegian Ship Register <input type="checkbox"/> The Norwegian International Ship Register (NIS)					
	Workmen's Compensation Act. Name and address of the employer's insurance company:					
3 Details concerning time and place of accident etc.	Date of accident (day, month, year)	Time of day	At work from ..... hours	Did the accident occur during work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	While on way to or from the vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No	The accident occur during? <input type="checkbox"/> Shore leave <input type="checkbox"/> Vacation <input type="checkbox"/> Compensatory leave		Did the accident occur on board ship? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If the accident occurred on board, cross off where <input type="checkbox"/> Engine room <input type="checkbox"/> Deck <input type="checkbox"/> Interior of vessel <input type="checkbox"/> Hold/tanks <input type="checkbox"/> Elsewhere			If «elsewhere» please specify		
	The ship was: <input type="checkbox"/> In port <input type="checkbox"/> At sea		Port or waters		Wind force and state of sea	
	<p><b>COURSE OF EVENTS:</b> Give an accurate account of what happened: <b>1. Type of work</b> at the moment the accident occurred (work operation, equipment involved, machinery, object). <b>2. Cause(s) of accident</b> (external influence, if any, which triggered accident). <b>3. Nature of injury</b> the extent of the injury and the part of the body (what part of body – right or left – cut, wound, fracture, etc.) <b>4. In the case of occupational illness</b> (details of assumed injurious effect and duration of effect). <b>5. Treatment of the injured person</b> – indicate the type of treatment (e.g. first aid), treatment by whom (e.g. doctor), where treated (e.g. on board, in a hospital on shore, etc.) <b>6.</b> The duration of absenteeism from work – also state if there has been no absenteeism, or if there is work absenteeism which lasts into the next shift/duty period. If the injured person is still incapable of working when this report is written, state the expected absenteeism, e.g. 3-4 weeks, for several months.</p>					
4 Details of how the accident happened and about the nature of the injury/illness.	The above account is based upon information provided by <input type="checkbox"/> the injured person <input type="checkbox"/> from others			If «others» please state whom		
	<p>If there is too little space, please write on a separate sheet and enclose with the form. Sketches may also be enclosed. Any log transcripts must also be enclosed.</p>					
5 Other information	Name(s) and address(es) of eyewitness(es), if any					
	Has injury led to departure from service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has injury led to death? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are the police investigating the case? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Signature of per- son submitting injury report	Place, date, and professional title			Signature and stamp		

**FOR THE ATTENTION OF  
THE LOCAL NATIONAL  
INSURANCE OFFICE  
(NAV LOKALT)**

Dette bladet av skademeldingen skal ligge ved saken ved behandling av eventuelle stønadskrav etter folketrygdlovens særbestemmelser ved yrkesskade, se vedlegg 13 til rundskriv 21-00. Felt 7 skal fylles ut av det NAV lokalt som etter pkt VI på orienteringsbladet (først i dette blankettsettet), skal motta blanketten.

Ved utfyllingen må NAV lokalt sørge for at feltene 7 og 8 **blir like** på både blad B1 og B2.

7 Fylles ut av det lokale kontoret som har mottatt blanketten	7.1 Skademeldingen mottatt i NAV lokalt (dag, måned, år)	7.2 Er meldefristen etter § 13–14 fjerde ledd overholdt? <input type="checkbox"/> Ja <input type="checkbox"/> Nei	7.3 Næringsgruppe
	7.4 Sendes (NAV lokalt)		
	7.5 Dato, kontorets stempel og underskrift		

8 Fylles ut av det lokale kontoret som i henhold til gjeldende saksbehandlingsregler skal behandle eventuelle stønadskrav	8.1 Tidligere yrkesskader (skadeår og eventuelt skadenummer)			
	8.2 Frivillig trygdet med rett til særytelser ved yrkesskade? <input type="checkbox"/> Ja <input type="checkbox"/> Nei	8.3 Hvis <b>ja</b> , oppgi fra hvilken dato	8.4 Inntekt som er lagt til grunn for premieinnbet. <b>Kr</b>	
	8.5 Manntallsført fisker/fangstmann? <input type="checkbox"/> Ja <input type="checkbox"/> Nei	8.6 Hvis <b>ja</b> , oppgi fra hvilken dato	Manntallsliste – Blad A <input type="checkbox"/>	Manntallsliste – Blad B <input type="checkbox"/>
	8.7 Førstegangs behandlende lege/tannlege/sykehus (navn og adresse)			
	8.8 Senere behandlende lege/tannlege/sykehus (navn og adresse)			
	8.9 Diagnose ifølge sykmelding			
	8.10 Sykmeldt f o m – t o m	8.11 Antall dager	8.12 Eventuell dødsdato	8.13 Antas friskmeldt uten varig mén (med. invaliditet < 15 prosent)? <input type="checkbox"/> Ja <input type="checkbox"/> Nei
	8.14 Andre opplysninger av betydning for saken			
	8.15 Dato, kontorets stempel og underskrift			

9 MERK!	Om saksbehandlingen, se saksbehandlingsrundskriv - som ligger i Rettskildene - til kap. 13/ vedlegg til kap. 21-rundskrivet.
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10 For Arbeids- og velferdsdirektoratet	
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# THE NORWEGIAN NATIONAL INSURANCE SCHEME

THIS COPY OF THE FORM IS TO BE SUBMITTED TO THE LOCAL NATIONAL INSURANCE OFFICE (NAV lokalt)  
SEE ITEM VI OF THE INFORMATION PAGE

Report on occupational injury/personal injury sustained in the course of duties on board ship or during fishing/catching

B
2

1 Information about the injured person	Date of birth and national identity no. (11 digits), or date of birth (day, month, year)		Injured person's full surname, Christian names(s)			
	Residence address					
	Municipality of residence		Country		Nationality	
	Date from which employed (day, month, year)	Present position		Duration of employment in present position	Share fisherman <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Spouse's full surname, Christian name(s)			Number of children under 18 years of age		
2 Information about the employer and the ship	Name and address of employer/shipowner			Telephone number		
	Name of ship and distinguishing signal		Class	Gross ton register	Trade area	
	The ship is registered in: <input type="checkbox"/> The ordinary Norwegian Ship Register <input type="checkbox"/> The Norwegian International Ship Register (NIS)					
	Workmen's Compensation Act. Name and address of the employer's insurance company:					
3 Details concerning time and place of accident etc.	Date of accident (day, month, year)	Time of day	At work from ..... hours	Did the accident occur during work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	While on way to or from the vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No	The accident occur during? <input type="checkbox"/> Shore leave <input type="checkbox"/> Vacation <input type="checkbox"/> Compensatory leave		Did the accident occur on board ship? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If the accident occurred on board, cross off where <input type="checkbox"/> Engine room <input type="checkbox"/> Deck <input type="checkbox"/> Interior of vessel <input type="checkbox"/> Hold/tanks <input type="checkbox"/> Elsewhere			If «elsewhere» please specify		
	The ship was: <input type="checkbox"/> In port <input type="checkbox"/> At sea		Port or waters		Wind force and state of sea	
	<p><b>COURSE OF EVENTS:</b> Give an accurate account of what happened: <b>1. Type of work</b> at the moment the accident occurred (work operation, equipment involved, machinery, object). <b>2. Cause(s) of accident</b> (external influence, if any, which triggered accident). <b>3. Nature of injury</b> the extent of the injury and the part of the body (what part of body – right or left – cut, wound, fracture, etc.) <b>4. In the case of occupational illness</b> (details of assumed injurious effect and duration of effect). <b>5. Treatment of the injured person</b> – indicate the type of treatment (e.g. first aid), treatment by whom (e.g. doctor), where treated (e.g. on board, in a hospital on shore, etc.) <b>6.</b> The duration of absenteeism from work – also state if there has been no absenteeism, or if there is work absenteeism which lasts into the next shift/duty period. If the injured person is still incapable of working when this report is written, state the expected absenteeism, e.g. 3-4 weeks, for several months.</p>					
4 Details of how the accident happened and about the nature of the injury/illness.	The above account is based upon information provided by <input type="checkbox"/> the injured person <input type="checkbox"/> from others					
	If «others» please state whom					
5 Other information	Name(s) and address(es) of eyewitness(es), if any					
	Has injury led to departure from service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has injury led to death? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are the police investigating the case? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Signature of person submitting injury report	Place, date, and professional title			Signature and stamp		

# THE NORWEGIAN NATIONAL INSURANCE SCHEME

The person reporting the injury  
shall retain this copy

## Report on occupational injury/personal injury sustained in the course of duties on board ship or during fishing/catching

B
3

1 Information about the injured person	Date of birth and national identity no. (11 digits), or date of birth (day, month, year)		Injured person's full surname, Christian names(s)			
	Residence address					
	Municipality of residence		Country		Nationality	
	Date from which employed (day, month, year)	Present position		Duration of employment in present position	Share fisherman <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Spouse's full surname, Christian name(s)			Number of children under 18 years of age		
2 Information about the employer and the ship	Name and address of employer/shipowner			Telephone number		
	Name of ship and distinguishing signal		Class	Gross ton register	Trade area	
	The ship is registered in: <input type="checkbox"/> The ordinary Norwegian Ship Register <input type="checkbox"/> The Norwegian International Ship Register (NIS)					
	Workmen's Compensation Act. Name and address of the employer's insurance company:					
3 Details concerning time and place of accident etc.	Date of accident (day, month, year)	Time of day	At work from ..... hours	Did the accident occur during work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	While on way to or from the vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No	The accident occur during? <input type="checkbox"/> Shore leave <input type="checkbox"/> Vacation <input type="checkbox"/> Compensatory leave		Did the accident occur on board ship? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If the accident occurred on board, cross off where <input type="checkbox"/> Engine room <input type="checkbox"/> Deck <input type="checkbox"/> Interior of vessel <input type="checkbox"/> Hold/tanks <input type="checkbox"/> Elsewhere			If «elsewhere» please specify		
	The ship was: <input type="checkbox"/> In port <input type="checkbox"/> At sea		Port or waters		Wind force and state of sea	
	<p><b>COURSE OF EVENTS:</b> Give an accurate account of what happened: <b>1. Type of work</b> at the moment the accident occurred (work operation, equipment involved, machinery, object). <b>2. Cause(s) of accident</b> (external influence, if any, which triggered accident). <b>3. Nature of injury</b> the extent of the injury and the part of the body (what part of body – right or left – cut, wound, fracture, etc.) <b>4. In the case of occupational illness</b> (details of assumed injurious effect and duration of effect). <b>5. Treatment of the injured person</b> – indicate the type of treatment (e.g. first aid), treatment by whom (e.g. doctor), where treated (e.g. on board, in a hospital on shore, etc.) <b>6.</b> The duration of absenteeism from work – also state if there has been no absenteeism, or if there is work absenteeism which lasts into the next shift/duty period. If the injured person is still incapable of working when this report is written, state the expected absenteeism, e.g. 3-4 weeks, for several months.</p> <p>If there is too little space, please write on a separate sheet and enclose with the form. Sketches may also be enclosed. Any log transcripts must also be enclosed.</p>					
The above account is based upon information provided by <input type="checkbox"/> the injured person <input type="checkbox"/> from others			If «others» please state whom			
5 Other information	Name(s) and address(es) of eyewitness(es), if any					
	Has injury led to departure from service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has injury led to death? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are the police investigating the case? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Signature of per- son submitting injury report	Place, date, and professional title			Signature and stamp		

# THE NORWEGIAN NATIONAL INSURANCE SCHEME

The person reporting the injury shall send or give this copy of the form to the injured person

## Report on occupational injury/personal injury sustained in the course of duties on board ship or during fishing/catching

B
4

1 Information about the injured person	Date of birth and national identity no. (11 digits), or date of birth (day, month, year)		Injured person's full surname, Christian names(s)			
	Residence address					
	Municipality of residence		Country		Nationality	
	Date from which employed (day, month, year)	Present position		Duration of employment in present position	Share fisherman <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Spouse's full surname, Christian name(s)			Number of children under 18 years of age		
2 Information about the employer and the ship	Name and address of employer/shipowner			Telephone number		
	Name of ship and distinguishing signal		Class	Gross ton register	Trade area	
	The ship is registered in: <input type="checkbox"/> The ordinary Norwegian Ship Register <input type="checkbox"/> The Norwegian International Ship Register (NIS)					
	Workmen's Compensation Act. Name and address of the employer's insurance company:					
3 Details concerning time and place of accident etc.	Date of accident (day, month, year)	Time of day	At work from ..... hours	Did the accident occur during work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	While on way to or from the vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No	The accident occur during? <input type="checkbox"/> Shore leave <input type="checkbox"/> Vacation <input type="checkbox"/> Compensatory leave		Did the accident occur on board ship? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If the accident occurred on board, cross off where <input type="checkbox"/> Engine room <input type="checkbox"/> Deck <input type="checkbox"/> Interior of vessel <input type="checkbox"/> Hold/tanks <input type="checkbox"/> Elsewhere			If «elsewhere» please specify		
	The ship was: <input type="checkbox"/> In port <input type="checkbox"/> At sea		Port or waters		Wind force and state of sea	
	<p><b>COURSE OF EVENTS:</b> Give an accurate account of what happened: <b>1. Type of work</b> at the moment the accident occurred (work operation, equipment involved, machinery, object). <b>2. Cause(s) of accident</b> (external influence, if any, which triggered accident). <b>3. Nature of injury</b> the extent of the injury and the part of the body (what part of body – right or left – cut, wound, fracture, etc.) <b>4. In the case of occupational illness</b> (details of assumed injurious effect and duration of effect). <b>5. Treatment of the injured person</b> – indicate the type of treatment (e.g. first aid), treatment by whom (e.g. doctor), where treated (e.g. on board, in a hospital on shore, etc.) <b>6.</b> The duration of absenteeism from work – also state if there has been no absenteeism, or if there is work absenteeism which lasts into the next shift/duty period. If the injured person is still incapable of working when this report is written, state the expected absenteeism, e.g. 3-4 weeks, for several months.</p> <p>If there is too little space, please write on a separate sheet and enclose with the form. Sketches may also be enclosed. Any log transcripts must also be enclosed.</p>					
The above account is based upon information provided by <input type="checkbox"/> the injured person <input type="checkbox"/> from others			If «others» please state whom			
5 Other information	Name(s) and address(es) of eyewitness(es), if any					
	Has injury led to departure from service? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has injury led to death? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are the police investigating the case? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Signature of per- son submitting injury report	Place, date, and professional title			Signature and stamp		

## INFORMATION FOR THE INJURED PERSON

### I WHAT IS AN OCCUPATIONAL INJURY?

By occupational injury is meant bodily injury or illness which is caused by a **work accident**. By **accident** is meant a sudden and unexpected **external** strain or load which lies outside the scope of normal work activities. NB! A «crick» or «strain» which occurs while carrying, lifting etc. will generally not be recognized as an occupational injury unless something which can be termed «accidental» has occurred.

Certain illnesses are recognized as equivalent to an occupational injury, for example illness caused by solvents, asbestos or other minute particles, poisoning or other effects from chemicals, and allergic skin and lung diseases.

The employer must report the injury/illness to the local National Insurance Office, pursuant to Article 13–14 of the National Insurance Act.

**NB!** The National Insurance authorities determine whether the injury or disease should be accepted as an occupational injury or occupational illness. Therefore the injured person should check that the information given by the employer on the front page of the form is correct. If you feel that some of the information should be corrected or that more information should be given you should report this fact in writing to:

- 1 The National Insurance Office in the municipality of the shipowner's/company's office if you are working on board a ship in **domestic** trade.
- 2 The National Insurance Office for Social Insurance Abroad (NAV Utland), P.O. Box 8138 Dep., 0033 OSLO, if you are working on a ship/vessel in **foreign** trade.

### II WHAT KIND OF BENEFITS CAN BE GIVEN?

#### 1 **Medical benefits etc.**

In the event of an occupational injury full compensation is given for the necessary expenses for medical assistance, dental treatment, physical therapy, bandaging and medicine.

Similarly, expenses are covered for the purchase, maintenance and renewal of any prosthesis, supporting bandages and other appropriate aids which may alleviate injuryrelated problems.

- #### 2 **Sick pay** is calculated and given – with certain exceptions – in accordance with the normal rules. There are no conditions regarding the length of the period of employment or how long the business enterprise has been in operation.

#### 3 **Rehabilitation benefits/assistance**

#### 4 **Disability pension, basic benefits and assistance benefits**

#### 5 **Survivor pensions**

#### 6 **Occupational injury compensation** (disability compensation)

### III SUBMITTING A CLAIM

You may submit a claim for benefit to the local National Insurance Office.

You can obtain more information about the benefits which are given for occupational injuries from the National Insurance Administration's website: **www.nav.no**.

The National Insurance Office can give you more information and also help you to fill in a claims form. The claims form must be filled in unless you are applying for medical benefits and/or sick pay.

#### **Rights under the Workmen's Compensation Act of 16 June 1989**

Occupational injuries that inflicted on employees can, in addition to benefits under the National Insurance Act's special rules on occupational injury, give grounds for compensation under Workmen's Compensation Act no. 65 of 16 June 1989. If in doubt, ask your employer/your employer's insurance company. Your employer is to have entered his/her/the company name in Section 2 on the front of this form.