1969. No. 7 **[C]**

NATIONAL INSURANCE (INDUSTRIAL INJURIES)

Claims and Payments

REGULATIONS, DATED 17TH JANUARY 1969, MADE BY THE MINISTRY OF HEALTH AND SOCIAL SERVICES, WITH THE CONSENT OF THE MINISTRY OF FINANCE, UNDER THE NATIONAL INSURANCE (INDUSTRIAL INJURIES) ACT (NORTHERN IRELAND) 1966 AND THE NATIONAL INSURANCE ACT (NORTHERN IRELAND) 1966.

The Ministry of Health and Social Services, with the consent of the Ministry of Finance, so far as relates to matters with regard to which such consent is required, in exercise of powers conferred by sections 12(4), 22(4), 23(4), 25, 26, 27, 31(2), 32(1), 49(2) and 53 of, and paragraph 4(2) of Schedule 5 to, the National Insurance (Industrial Injuries) Act (Northern Ireland) 1966(**a**), by section 89(2) of the National Insurance Act (Northern Ireland) 1966(**b**), as applied by section 64 of the first mentioned Act, and of all other powers enabling it in that behalf, hereby makes the following regulations:

PART I

GENERAL

Citation, commencement and interpretation

1.—(1) These regulations may be cited as the National Insurance (Industrial Injuries) (Claims and Payments) Regulations (Northern Ireland) 1969 and shall come into operation on 18th January 1969.

(2) In these regulations—

"the Act" means the National Insurance (Industrial Injuries) Act (Northern Ireland) 1966;

"the National Insurance Act" means the National Insurance Act (Northern Ireland) 1966;

"benefit order" means an order for the payment of a weekly sum on account of benefit to which regulation 16 applies or of a weekly instalment of a gratuity;

"serial order" means one of a series of orders, including benefit orders, for the payment of a sum on account of benefit which is or has been contained in a book of such orders;

"draft" means a payable order or any other instrument whatsoever (except a serial order) for the payment of a sum on account of benefit;

"paying office" means such place as the Ministry may designate for the payment of benefit orders;

"appropriate paying office" means such paying office as the Ministry, after consultation with the beneficiary, may from time to time determine;

"claim for benefit" includes an application for a declaration that an accident was an industrial accident and an application for the review of an award or a decision for the purpose of obtaining any increase of benefit mentioned in Schedule 2 but does not include any other application for

(**a**) 1966. c. 9 (N.I.). (**b**) 1966. c. 6 (N.I.).

the review of an award or a decision; and the expression "claims benefit" and every reference to a claim shall be construed accordingly;

"determining authority" means, as the case may require, an insurance officer appointed under section 67 of the National Insurance Act or a local tribunal constituted under section 76 of that Act or the Commissioner.

(3) For the purposes of the provisions of these regulations relating to the making of claims, every increase of benefit mentioned in Schedule 2 shall be treated as a separate benefit.

Notice of accidents

2.—(1) Every insured person who suffers personal injury by accident in respect of which benefit may be payable shall give notice of such accident either in writing or orally as soon as is practicable after the happening thereof:

Provided that any such notice required to be given by an insured person may be given by some other person acting on his behalf.

(2) Every such notice shall be given to the employer, or (if there is more than one employer) to one of such employers, or to any foreman or other official under whose supervision the insured person is employed at the time of the accident, or to any person designated for the purpose by the employer, and shall give the appropriate particulars.

(3) Any entry of the appropriate particulars of an accident made in a book kept for that purpose in accordance with the provisions of regulation 3 shall, if made as soon as practicable after the happening of an accident by the insured person or by some other person acting on his behalf, be sufficient notice of the accident for the purposes of this regulation.

(4) In this regulation, the expressions "employer" and "employers" mean, in relation to any person to whom paragraph (1) applies, the employer or employers (as the case may be) of that person at the time of the accident.

(5) In this regulation and in regulation 3, the expression "appropriate particulars" means the particulars indicated in Schedule 1.

Obligations of employers

3.—(1) Every employer shall take reasonable steps to investigate the circumstances of every accident of which notice is given to him or to his servant or agent in accordance with the provisions of regulation 2 and, if there appears to him to be any discrepancy between the circumstances found by him as a result of his investigation and the circumstances appearing from the notice so given, he shall record the circumstances so found.

(2) Every employer who is required so to do by the Ministry shall furnish to an officer of the Ministry, within such reasonable period as may be required, such information and particulars as shall be required—

(*a*) of any accident or alleged accident in respect of which benefit may be payable to, or in respect of the death of, a person employed by him at the time of the accident or alleged accident; or

(*b*) of the nature of and other relevant circumstances relating to any occupation prescribed for the purposes of Part IV of the Act in which any person to whom, or in respect of whose death, benefit may be payable under that Part was or is alleged to have been employed by him.

(3) Every owner or occupier (being an employer) of any mine or quarry or of any premises to which any of the provisions of the Factories Act (Northern

Ireland) 1965(c), applies and every employer by whom 10 or more persons are normally employed at the same time on or about the same premises in connection with a trade or business carried on by the employer shall, subject to the following provisions of this paragraph—

(*a*) keep readily accessible a book or books in a form approved by the Ministry in which the appropriate particulars (as defined in regulation 2) of any accident causing personal injury to a person employed by the employer may be entered by that person or by some other person acting on his behalf; and

(*b*) preserve every such book, when it is filled, for the period of 3 years beginning with the date of the last entry therein.

Obligations of claimants for, and beneficiaries in receipt of, injury benefit or disablement benefit

4.—(1) Subject to the following provisions of this regulation, every claimant for, and every beneficiary in receipt of, injury benefit or disablement benefit shall comply with every notice given to him by the Ministry which requires him either—

(*a*) to submit himself to a medical examination by a medical authority (as defined in paragraph (4)) for the purpose of determining the effect of the relevant accident or the treatment appropriate to the relevant injury or loss of faculty; or

(*b*) to submit himself to such medical treatment for the said injury or loss of faculty as is considered appropriate in his case by the medical practitioner in charge of the case or by any medical authority to whose examination he has submitted himself in accordance with the foregoing provisions of this regulation; or

(*c*) to attend any vocational training course or industrial rehabilitation course provided under the Disabled Persons (Employment) Act (Northern Ireland) 1945(d), which, in the opinion of the Ministry, is appropriate in his case.

(2) Every notice given to a claimant or beneficiary requiring him to submit himself to medical examination shall be given in writing and shall specify the time and place of examination and shall not require the claimant or beneficiary to submit himself to examination—

(*a*) by a medical board, before the expiration of the period of 6 days beginning with the date of the notice or such shorter period as may be reasonable in the circumstances;

(*b*) in any other case, on a date earlier than the third day after the day on which the notice was sent.

(3) Every claimant and every beneficiary who, in accordance with the foregoing provisions of this regulation, is required to submit himself to a medical examination or to medical treatment—

(*a*) shall attend at every such place and at every such time as may be required; and

(*b*) may in the discretion of the Ministry, be paid such travelling and other allowances (including compensation for loss of remunerative time) as the Ministry may, with the consent of the Ministry of Finance, determine.

(4) In this regulation, the expression "medical authority" means a medical appeal tribunal, a medical board or any medical practitioner appointed or nominated by the Ministry.

(c) 1965. c. 20 (N.I.). (d) 1945. c. 6.

Obligations of beneficiaries to notify changes of circumstances

5. Every beneficiary shall, as soon as may be practicable, notify the Ministry in writing of any change of circumstances which he might reasonably be expected to know might affect the continuance of his right to any benefit awarded to him or to the receipt thereof.

PART II

CLAIMS

Claims to be made to the Ministry in writing

6. Every claim for benefit shall be made in writing to the Ministry on the form approved by the Ministry for the purpose of the benefit for which the claim is made, or in such other manner, being in writing, as the Ministry may accept as sufficient in the circumstances of any particular case or class of cases.

Supply of claim forms

7. Forms of claim shall be supplied without charge by the Ministry or by such persons as the Ministry may appoint or authorise for that purpose.

Claims not on appropriate forms

8. Where a claim for benefit has been made on an approved form other than the form appropriate to the benefit claimed, the Ministry may treat the claim as if it had been made on the appropriate form:

Provided that the Ministry may in any such case require the claimant to complete the appropriate form.

Information to be given when making a claim for benefit

9.—(1) Every person who makes a claim for benefit shall furnish to the Ministry or to an officer of the Ministry such certificates, documents, information and evidence for the purpose of determining the claim as may reasonably be required by the Ministry and, if so required, shall for that purpose attend at such office or place as the Ministry may direct.

(2) Every person who makes a claim for benefit, or for an increase of benefit, in respect of a child shall, in particular, furnish such certificate relating to the birth of the child and such other information to show that the child is or may be treated as included in that person's family, as the Ministry may require.

(3) Every person who makes a claim for an increase of benefit in respect of an adult dependant shall, in particular, furnish, if required, the following information concerning such dependant:

(*a*) his identity, date of birth, usual place of residence, occupation and relationship to the claimant;

(*b*) his position in regard to benefit under the Act and under the National Insurance Act, available sources of income and the amounts contributed by any person towards his maintenance; and

(*c*) in the case of an increase in respect of a wife or a husband, a certificate of the marriage;

together with a declaration signed by the dependant confirming the information given.

Amendment of claim form

10.—(1) If a claim is defective at the date of its receipt by the Ministry, the Ministry may, in its discretion, refer the claim to the claimant, and if the form is returned properly completed within one month from the date on which it is so referred, the Ministry may treat the claim as if it had been duly made in the first instance.

(2) Any person who has made a claim for benefit in accordance with the provisions of these regulations may amend his claim, at any time before a decision has been given thereon, by notice in writing delivered or sent to the Ministry, and any claim so amended shall be treated as if it had been made as so amended in the first instance.

Claims made, and notices sent, by post

11. A claim or notice (not being a notice withdrawing a claim) which was duly made or sent by post shall be deemed to have been made or given on the day on which it was posted:

Provided that, if there is any reasonable doubt as to the date of the posting of any claim or notice received by the Ministry, it shall be deemed to have been delivered in the ordinary course of post and to have been posted accordingly.

Time for claiming benefit

12.—(1) Every claim for any benefit specified in Schedule 2 column (1) shall be made within the appropriate prescribed time specified opposite to that benefit in column (2):

Provided that if in any case the claimant proves that there was good cause for the failure to make the claim before the date on which it was made, the prescribed time for making that claim shall be extended to the date on which the claim is made.

(2) If a person fails to make his claim for any such benefit within the prescribed time, he shall be disqualified for the receipt of benefit to the extent specified opposite thereto in column (3) of the said Schedule 2:

Provided that if in any case the claimant proves—

(*a*) that on a date earlier than the date on which the claim was made he was entitled to the benefit; and

(*b*) that throughout the period between the earlier date and the date on which the claim was made there was good cause for delay in making such claim;

he shall not be disqualified for the receipt of any benefit to which he would have been entitled if the claim had been made on the said earlier date.

(3) In determining whether the proviso to either of the foregoing paragraphs has been satisfied by a person who is or has been an in-patient in a hospital, and who makes a claim for injury benefit, such proviso shall in relation only to that claim be deemed to have been satisfied by him in respect of that one of the following periods which is appropriate, in so far as it is relevant for the purpose thereof:

(*a*) where the person concerned has been discharged from the hospital, the period commencing on the date of his admission thereto as an in-patient and ending 13 weeks thereafter or 3 weeks after the date of his discharge, whichever period is the shorter; or

(*b*) where the person concerned has not been so discharged, the period of 13 weeks from the date of his admission to the hospital as an in-patient.