

# Application for Injury Compensation

To: Waseda University

I have confirmed that the following contents are true and correct and hereby claim for compensation; please pay the compensation to **my bank account (student account)**. I shall acknowledge that compensation payment has been made when the amount has been transferred to the above account.

I consent to the University's use of my personal information relating to this accident in order to ensure accurate payment of compensation.

In addition, I allow the University or parties designated by the University to acquire and use my medical information within the scope necessary in order to pay the compensation.

	Billing date	/	/		
<b>Compensation claimant</b> (See Note 1)	(Furigana)				
	Name:				Seal
	Contact tel.:		E-mail:		
	Relationship with the indemnitee (Circle as appropriate)		1. Self 2. Parent or guardian 3. Other		

<b>Type of compensation</b> (Circle as appropriate)		1. Medical 2. Disability 3. Death				
Indemnitee (person injured)	(Furigana) Name	Sex	M	F	Age	Birth date
Belonging to:	Undergraduate School Graduate school	Dept.			Student Number	

<b>Summary of accident</b>	Time and date of accident	AM · PM		:	(approx.)
	Accident location (Circle as appropriate)	1. Inside university facilities 2. Outside university facilities	Specific location ( )		
<b>Academic activities at time of accident</b> (Circle as appropriate)	1. During the course of education and research activities (a. Physical activity b. Science experiment c. Other (.....))				
	2. During university events (Details of event: .....				
	3. During extracurricular activities reported to the university inside university facilities (Organization name: XXX Research society ..... Details of activities: .....				
	4. During extracurricular activities reported to the university outside university facilities (Organization name: ..... Details of activities: .....				
	5. While doing activity other than those mentioned above inside university facilities 6. While traveling between university facilities 7. While commuting to or from university				
<b>Details of accident</b> (Circle as appropriate)	Status	1. Walking 2. Running 3. On a bicycle 4. Driving a car or similar vehicle 5. Other (.....)			
	Cause	1. Fall 2. Collision 3. Failure to stop safely 4. Flying object 5. Experiment 6. Other (.....)			
	Had you been drinking alcohol? (See Note 2)	1. Yes 2. No (Type: ..... Quantity: .....			
<b>Reports to the police</b>	(.....) Police Station, Notification Date (..... Y..... M..... D)				
<b>License</b> (see Note 2)	Driver's license number (.....), Type (.....), Expiry date (Valid until..... Y..... M..... D)				
<b>Details of injury</b>	Symptoms	1. Fractured bone 2. Ligament injury 3. Contusion 4. Bruise 5. Sprain 6. Dislocation 7. Cut 8. Other (.....)			

\* The information contained herein shall be used in processing applications for compensation as part of the Injury and Accident Compensation Program for Waseda Students (GAKUSHOUHO), and shall not be used for any other purposes.

Notes:

1. If the injured party is a minor (under 20) then the person making the claim for compensation shall be his or her parent or guardian. Documents showing that such person has parental rights will be required.
2. Please fill in this section if the claimant was injured while driving a car or similar vehicle. A copy of the driving license will be required.
3. Please fill in this application form using a pen or ballpoint pen.

