

REPORT OF ACCIDENT TO WORKMAN

The issue of this form is not to be taken as admission of liability nor answering these questions implies that the injured person is making a claim.
If any detail information is not readily available please do not delay despatch of the report. Such particulars may be sent later.
All written communications shall be forwarded to the Company.

THE EMPLOYER

1. Name of Policy-Holder _____
2. Location of Risk _____
3. Business _____
4. Address _____
5. No. of Policy _____

THE INJURED PERSON

- | | | |
|--|-----|-----|
| 1. Name | | |
| 2. Local Address | Age | Sex |
| 3. Mofussil Address | | |
| 4. Name and Address of Father | | |
| 5. State occupation in which the injured person is employed | | |
| 6. Was the injured person engaged in this occupation when the accident occurred? If no state fully the nature of the work he was doing at the time of the accident | | |
| 7. Is the injured person in your direct employment? If no, give name and address of Contractor. | | |
| 8. When did the injured person enter your service? | | |
| 9. Name of the hospital taken to | | |
| 10. In or Out patient | | |
| 11. State whether still in hospital, or when discharged | | |
| 12. Has the injured person been medically examined? If so, please send report. If no, was free medical examination offered? | | |
| 13. State whether returned to work and if so, when? | | |
| 14. Are you satisfied that the injured person has met with a bonafied accident of employment? | | |
| 15. Is the injured person able to do partial work? | | |
| 16. What is the probable period of the disablement (approximate)? | | |

THE ACCIDENT

- | 1. Date | Time | Place |
|---|------|-------|
| 2. On which date did you receive notice of accident and from whom? If in writing please attach to this form | | |
| 3. On what date did the injured person actually cease work? | | |
| 4. State cause of accident; and if from machinery or gearing
(a) Whether it was fenced or guarded?
(b) Was it being cleaned whilst in motion? | | |
| 5. What was the general nature of the contract or work going on? | | |
| 6. State nature of injury | | |
| 7. State regions injured | | |
| 8. State right or left side | | |
| 9. Was the injured person under the influence of drink or drugs at the time of the accident? | | |
| 10. Was he guilty of any misconduct or disobedience to orders or rules? If so, please give full particulars. | | |
| 11. State through whose neglect it occurred, if any | | |
| 12. State the names of any persons who witness the accident | | |

The above replies are correct to the best of my/our knowledge and belief

Date _____

Signature of Employer _____
(duly signed & stamped)

