

EMPLOYER'S LIABILITY ACCIDENT REPORT FORM

VAT No.

Policy No. Claim No.

Branch or Agent

This Form, together with the Wages Statement overleaf, must be completed and returned to the Company immediately.

<p>1. (a) Employer's Name and Address (b) Business (c) Email</p>	<p>(d) Telephone No (e) Cell No</p>
<p>2. (a) Date, time and place of accident (b) When was the accident first reported to you and by whom? (c) Names of witnesses</p>	
<p>3. (a) Name of Injured person (b) Usual Occupation (c) Address (d) Where is injured person at present? (e) Does he reside with you? (f) Relationship to Employer (if any) (g) When did he enter your service? (h) is the injured person in your regular employment? (i) Was he in your direct employ or in that of a sub-contractor? If the latter, state the name and address of the sub-contractor.</p>	<p style="text-align: right;">Age..... Years Married or Single</p>
<p>4. (a) State precisely what he was doing, and how the accident occurred... (if the accident was due to any defect in machinery, scaffolding or other equipment, state nature thereof). (b) Was he performing a duty for which he was employed? (c) Was he disobeying any rule or order? (d) Who was in charge? (e) Was accident due to another person's negligence? If so, give particulars.</p>	
<p>5. Nature and extent of injury If to arm or hand, state whether right or left.</p>	
<p>6. (a) Did he stop work immediately? (b) If not, when did he stop? (Date and time). (c) If taken to a hospital, state which and whether in-patient or out-patient (d) Is he disabled now? (e) If not, when did he resume work? (f) Probable further duration of disablement.</p>	
<p>7. Is there any other information regarding the accident or the injured person with which the company should be acquainted?</p>	
<p>8. (a) Have you any other insurance or indemnity covering accidents to your employees? (b) If so, please give particulars.</p>	

Statement of the injured person's earnings from me/us during the **TWELVE MONTHS PRECEEDING THE ACCIDENT**, or during the period of his employment, if shorter. If he has been absent from work for any part of the period please enter "nil" in the wages column **AND STATE THE REASON**.

WEEK ENDED			CASH WAGES			WEEK ENDED			CASH WAGES			WEEK ENDED			CASH WAGES		
MONTH	DAY					MONTH	DAY					MONTH	DAY				
1							Bt. FWD	\$					Bt. FWD	\$			
2						19						36					
3						20						37					
4						21						38					
5						22						39					
6						23						40					
7						24						41					
8						25						42					
9						26						43					
10						27						44					
11						28						45					
12						29						46					
13						30						47					
14						31						48					
15						32						49					
16						33						50					
17						34						51					
18						35						52					
CARRIED FORWARD \$						CARRIED FORWARD \$						TOTAL \$					

State whether there are any other earnings or prerequisites such as board and/or lodging, rent, allowances in kind, etc.

(For office use only)

Total Earnings \$:	:
Average per week \$:	:

If so, give:

(a) Full description :-

(b) Estimated value thereof per annum \$: :

Date 20

Employer's Signature