

**WORKMEN'S COMPENSATION (NOTICE OF ACCIDENT)
REGULATIONS 1981**

**NOTICE OF EMPLOYER OF ACCIDENT CAUSING INJURY
TO OR DEATH OF WORKMAN**

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I, being the employer of the workman below, wish to give notice of the occurrence Of an accident on my premises. My particulars and the particulars of the workman And of the accident are as follows:

- 1. Employer :
 - (i) Name
 - (ii) Address
 - (iii) Occupation/Trade.....
 - (iv) Name and Address of Insurance Company (if any)
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- 2. Workman :
 - (i) Name
 - (ii) SexMarried/Single.....
 - (iii) Age.....
 - (iv) Occupation.....
 - (v) Address
 - (vi) Other identity particulars

- 3. Accident :
 - (i) Date, time and place of
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 - (ii) Circumstances in which accident occurred : (if due to machinery state part causing accident
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- 4. Injury :
 - (i) Particulars (as known to employer)
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 - (iii) To what hospital or medical practitioner was the injured sent?
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REMARKS
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Dated.....
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(Employer's Signature)