

FORM OF WRITTEN NOTICE OF ACCIDENT OR DANGEROUS OCCURRENCE

(Section 10, 11)

1. (i) **OCCUPIER** of factory/office/shop (or person carrying on processes at Docks and certain other places)
Name.....
Address.....
Industry.....

(ii) Actual employer of injured person of other than above
Name.....
Address.....

2. **PLACE** where accident or dangerous occurrence happened:
(i) Address (if different from 1 (i) above).....
.....
(ii) Exact location.....
(iii) Nature of work carried on there.....

3. **INJURED PERSON**
(a) Full name (surname first).....
(b) Sex.....Age.....Occupation.....
(c) Address.....

4. **ACCIDENT** (or **DANGEROUS OCCURRENCE**)
(a) Date..... Time.....
(b) Full details of how the accident or dangerous occurrence happened and what the injured person was doing. If a fall of person or materials, plants, etc., state height of fall (if necessary continue overleaf).
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(c) If due to machinery state:-
(i) Name and type of machine part causing accident.....
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(ii) Whether in motion by mechanical power at the time.....
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5. **INJURIES DISABLEMENT**
(a) Nature and extent of injury (e.g. fracture of leg, laceration of arm, scalded foot, scratch on hand followed by sepsis).....
(b) Whether fatal or non-fatal.....
(c) If not fatal was injured person disabled for more than three days from earning full wages at the work at which he was employed?.....

6. Has accident (or dangerous occurrence) been entered in General Register?.....

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Date

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Signature of Occupier or Agent