MINISTRY OF SOCIAL SECURITY, NATIONAL SOLIDARITY & SENIOR CITIZEN WELFARE AND REFORM INSTITUTIONS

Particulars of Industrial Injury

(Reg. 4 Second Schedule – GN 195/79)

Name of Employer : ……...

Address: ……...

1. Name of Employee: …… ……
(Surname) *(Other Names)*

Identity Card Number | | | | | | | | | | | | | |

2. Address: ……..

3. Male/Female: …… Age: …… Yrs

4. Normal Occupation: ……...

5. Date of accident: …… 6. Time of accident: ……

7. Date accident reported(where later than at 5 above): ……

8. Place of accident: ……..

9. Kind of work being performed at the time of accident: ……

……...

10. Cause and particulars of accident: ……

……...

11. Particulars of injury: ……

..……...

12. Witnesses of accident: ……

1. …….. Occupation: ……...

2. …….. Occupation: ……...

13. Rate of remuneration * Rs …… per ……..……..

14. Whether period of incapacity exceeds two weeks: Yes/No

Specify number of days if less than two weeks : ……. days

15. Remuneration paid or due (not exceeding two weeks): Rs ……..

Date: ……. ……
Signature of Employer

Name: ……..

Registration No. of Employer: …… Phone No.: ……..…… Fax No.: ……

E-mail: ……..

No. of working days of Employee: …… per month/week .

Industrial Injury also includes Occupational Disease. This notice of accident must be forwarded to the Permanent Secretary, Ministry of Social Security & National Solidarity, Industrial Injury Branch, 2nd Floor, Social Security House, Rose Hill. Phone Nos.: 4653972, 4032700 - Ext: 1135/ 1136/1148/1150. These particulars should be entered in a book *in respect of every industrial accident*. The employee should also be advised to call at the Social Security Office of his locality to put up a claim for Industrial Injury Benefits *not later than six months from the date of accident, in case incapacity exceeds two weeks*.

* Remuneration means basic pay, where applicable or average wages where there is no basic pay