

EMPLOYEES' STATE INSURANCE CORPORATION

FORM 16 [REGULATION 68]

ACCIDENT REPORT FROM EMPLOYER

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">1 Name of the Employer</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="width: 25%;">2 Employer's Code No.</td> <td> </td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">3 Address of Premises where accident happened</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">4 Nature of Industry or Business</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="width: 25%;">5a Department</td> <td> </td> </tr> <tr> <td style="width: 25%;">5b Shift Hrs.</td> <td> </td> </tr> <tr> <td style="width: 50%;">5c Exact place of accident</td> <td> </td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="width: 50%;">6 Name of Insured person</td> <td> </td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="width: 50%;">7 Insurance No.</td> <td> </td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td colspan="2">8 Address of the Insured person</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="width: 25%;">9a Sex</td> <td> </td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="width: 25%;">9b Age (Last birthday)</td> <td> </td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="width: 25%;">9c Occupation</td> <td> </td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="width: 25%;">9d Branch office</td> <td> </td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="width: 50%;">10 Date and Hour of Accident</td> <td> </td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="width: 50%;">11a Hour at which he started work</td> <td> </td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="width: 50%;">11b Whether wages in full or part are payable to him for the day of accident</td> <td> </td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="width: 50%;">11c Whether the injured person was an employee under Sec.2(9) of the Act on the day of accident</td> <td> </td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td style="width: 50%;">11d whether contribution was payable by him for the day on which the accident occurred.</td> <td> </td> </tr> <tr> <td colspan="2"> </td> </tr> </table>	1 Name of the Employer				2 Employer's Code No.				3 Address of Premises where accident happened				4 Nature of Industry or Business				5a Department		5b Shift Hrs.		5c Exact place of accident				6 Name of Insured person				7 Insurance No.				8 Address of the Insured person				9a Sex				9b Age (Last birthday)				9c Occupation				9d Branch office				10 Date and Hour of Accident				11a Hour at which he started work				11b Whether wages in full or part are payable to him for the day of accident				11c Whether the injured person was an employee under Sec.2(9) of the Act on the day of accident				11d whether contribution was payable by him for the day on which the accident occurred.				<p>14 Note: In case the Accident happened while meeting emergency state its nature and also whether the injured person at the time of accident was employed for the purpose of his employer's trade or business in or about the premises at which the accident took place.</p> <p>15 Brief description of the Accident. The IP shifting the rods from stand to stand. A rod slipped from his hand and fell down on his left foot second finger and cut the entire finger.</p> <p>16 Names and Adresses of witnesses: 1 2</p> <p>17a Nature and extent of injury (e.g.fatal, loss of finger, fracture of leg, scald etc.)</p> <p>17b Location of injury (right.left leg, hand or eye etc.)</p> <p>17c Date and hour of returned to work of injured person</p> <p>18a Dr. or Institution from whom or where injured person received or is receiving treatment.</p> <p>18b Dispensary / IMP of insured person</p> <p>19 Date of death, incase injured person died</p>
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* Cause of accident - (a) if caused by machinery

1) Give name of machine and part causing the accident and

(ii)

(a) State whether it was moved by mechanical power at that time

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(b) State exactly what the injured person was doing at that time.

© Was the injured person at the time of accident acting in contravention of

* (1) the provisions of any law applicable to him or

* (2) any orders given by or on behalf of his employer or

* (3) acting without instructions from his employer

* (d) Incase reply to C(1),(2) or (3) is YES, state wether the act was done for the purpose of and in connection with the employer's trade or business

13 In case the accident happened while TRAVELLING in the employer's transport state whether the injured person was travelling:

* (1) as a passenger to or from his place of work

* (2) with the express or implied permission of his employer

* (3) the transport is being operated by or on behalf of the employer or some other person by whom it is provided in pursurance of arrangements made with the employer and

* (4) the vehicle was being / not being operated in the ordinary course of public transport service.

I certify that to the best of my knowledge and belief the above particulars are correct in every respect.

Date of despatch of report

Signature
Designation (with stamp)
Employer's name
Address & Code No.

(for official use) To

Diary No. & Date:

B.O. Manager