# TWENTY-THIRD SCHEDULE

[Section 85]

# NOTIFICATION OF OCCUPATIONAL ACCIDENT BY INSURER

Name ......................................................................................................................………………..

Address ..................................................................................................................…………….....

Business Registration no. ..............................................................................................................

Telephone no. ....................................... Mobile no. .......................................

Details of contact person

Name ......................................................................................................................………………..

Designation ...................................................................................................................................

Address ..................................................................................................................…………….....

National Identity Card no. ..............................................................................................................

Telephone no. ....................................... Mobile no. .................................................

Email address ................................................. Fax no. ......................................................

Name of the injured person(s)/deceased ......................................................................................

National Identity Card no. ..............................................................................................................

Contact details of injured person

(1) Office

Telephone no. ....................................... Mobile no. .................................................

Email address ................................................. Fax no. ......................................................

(2) Residence

Telephone no. ....................................... Mobile no. .................................................

Contact details of next of kin of deceased

(1) Office

Telephone no. ................................................ Mobile no. .................................................

Email address ................................................. Fax no. ......................................................

(2) Residence

Telephone no. ....................................... Mobile no. .................................................

Nature of injury (please attach medical certificate)

Name of employer ........................................................................................………………………..

Address ........................................................................................................................................

Business Registration no. ..............................................................................................................

Contact details

(1) Office

Telephone no. ....................................... Mobile no. .................................................

Email address ................................................. Fax no. ......................................................

(2) Residence

Telephone no. ....................................... Mobile no. .................................................

Nature of business …………............................................……………………………………………

Date and place of accident ............................................................................................................

Any further particulars ………….…………………….……………….................................................

……………………………………………………………..............................................………………..

……………………………………………………………..............................................………………..

I certify that to the best of my knowledge that the information given above is correct.

………………………….. …………………………..

Name of officer Signature

………………………….. …………………………..

Date Office stamp

*\* Delete as appropriate*