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 .....

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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*