TWENTY-FOURTH SCHEDULE
[Section 86]

NOTIFICATION OF OCCUPATIONAL DISEASE 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 employee suffering from disease/deceased* .....

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National Identity Card no. .....

Contact details of employee suffering from disease

(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. .....

Particulars of occupational disease (please attach medical certificate) .....

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Name of employer .....……..

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Address .....

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Contact details

(1) Office

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

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

(2) Residence

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

Nature of business …….....……..

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