THIRTEENTH SCHEDULE
[Section 85]

REPORT OF ACCIDENT OR DANGEROUS OCCURRENCE

PART I – PARTICULARS OF EMPLOYER

Name of employer .....

.....

Address .....

.....

Contact details

(1) Office

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

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

(2) Residence

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

Nature of business .....

Certificate of Incorporation no. ..... Business Registration Card no. .....

Total number of employees .....

Name of Contact person .....

Occupation .....

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

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

Name of registered Safety and Health Officer .....

.....(if applicable)

Contact details

(1) Office

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

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

(2) Residence

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

PART II – PARTICULARS OF INJURED PERSON

Name .....……..... …...

Address .....…… .....

National Identity Card no./Passport no. * .....

Gender ……..……... Age .....

Occupation ……...…….....……

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

Date of accident/dangerous occurrence* .....

Time of accident/dangerous occurrence*.....

Place of work of injured person .....

Site of accident/dangerous occurrence* .....……

Nature of work being performed at time of accident/ dangerous occurrence*

…..... .....

Particulars of injury (whether fatal) .....

Cause of accident/dangerous occurrence* ...……..….....

Name of witness no. 1 …….....……..…….....

Occupation ……...…….....……

National Identity Card no./Passport no. * .....

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

Name of witness no. 2** …….....…….....

Occupation ……...…….....……

National Identity Card no./Passport no. * .....

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

Any further particulars .....……

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

....
Name of employer Signature

....
Date Stamp

* *Delete as appropriate*

** *Additional sheet may be used to provide more information*