**FIRST SCHEDULE**

[Section 35]

**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*