EMPLOYER'S REPORT ON ACCIDENT AT WORK

Instructions for Completing This Form

1. **The National Insurance Regulations require that all accidents be reported by the employer. The employer must investigate the accident before completing this form.**
2. **The entire form is to be completed by the employer or his agent.**
3. **Submit the form immediately or within one (1) month of the date of accident to the nearest National Insurance Local Office to avoid delay in the processing of the claim; failure to submit this form within the specified timeframe may result in the imposition of penalties (fines of up to $500).**

SECTION A: EMPLOYER INFORMATION

Business Name: _____

Registration No. | | | | | | | | | |

Street Address: _____ P.O. Box: _____

Tel. No.: _____ E-Mail: _____

Nature of Industry of Business: _____

SECTION B: INJURED EMPLOYEE'S INFORMATION

Name: _____ N.I. No. | | | | | | | | | |

Street Address: _____ P.O. Box: _____

Tel No.: _____ (h) _____ (w) _____ (c)

E-Mail: _____

Occupation: _____

What are the duties of the employee: _____

Date of Accident: _____ / _____ / _____ Time: _____ a.m./p.m.
dd mm yyyy

Place of Accident: _____

Description of apparent Injury/incapacity: _____

_____

_____

Was the person:

(a) Employed by you on the day of the accident? ☐ Yes ☐ No

(b) A Partner, Director or Sub-Contractor? ☐ Yes ☐ No

(c) Involved in an accident that took place while working on the date mentioned? ☐ Yes ☐ No

What hours was the person expected to work that day? From_____a.m./p.m. to:_____ a.m./p.m.

SECTION C: REPORT OF ACCIDENT

1. When was the accident first reported? Date: _____ / _____ / _____ Time: _____ a.m./p.m.
dd mm yyyy
2. (a) Was the accident reported to you? ☐ Yes ☐ No

   (b) If not, to whom (please print the name and position of the person):

   _____

3. If the accident was not reported on the day it happened, state why: _____

   _____

   _____

SECTION C: Cont'd

4. Describe how the accident happened: _____

_____

_____

_____

5. (a) What was the employee doing at the time of the accident? _____

_____

(b) How was the task related to his / her duties? _____

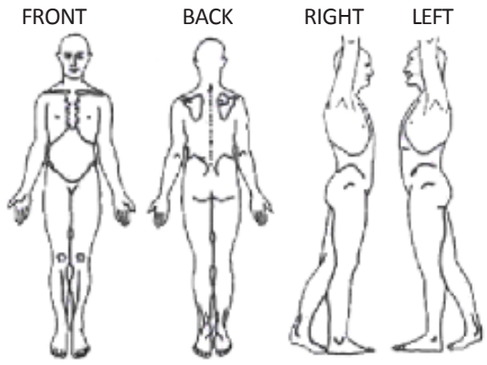
_____

6. Was the employee authorized to be in /at the place where the accident occurred? ☐ Yes ☐ No

7. (a) What injuries were observed or complaints made at the time of the accident?

(b) Indicate, by placing on the diagram at right, an X on the body part/s that appeared to be affected:

(NIB will validate all body parts herein described)



8. What additional injuries or complaints, if any, have since been reported which were not reported at the time of the accident?

9. Did the injured person continue to work after reporting the accident on that day? ☐ Yes ☐ No

10. Last day Employee worked: _____/_____/_____
dd mm yyyy

11. (a) Was an investigation conducted in respect of this accident? ☐ Yes ☐ No

(b) If yes, is a copy of the report attached ☐ Yes ☐ No

(c) Are you satisfied, as a result of your investigation, that an accident occurred at the time, date and place as stated? ☐ Yes ☐ No

12. Please give details of any discrepancy found between the information reported at the time, and the particulars revealed by your investigations: _____

13. Were there any witnesses to the accident? ☐ Yes ☐ No
If *Yes*, state their names below and have them produce statements which must be attached to this report:

Witness: _____ Witness: _____

Address: _____ Address: _____

Telephone Number: _____ Telephone Number: _____

18. What health and safety measures has the Employer taken to minimize or prevent the reoccurrence of an accident of this nature?

_____

_____

SECTION D: DECLARATION:

Please Note: *Any person who, for the purpose of obtaining a benefit under the National Insurance Act (Chapter 350 Section 52[5]) either for himself or for some other person, makes any false statement or false representation, or produces any false documents, etc., shall be liable on summary conviction to a fine not exceeding $2,500.00, or to imprisonment for up to twelve(12) months or both.*

I, hereby, state that the information given on this form is true and correct to the best of my knowledge.

Signature: _____ Print Name: _____

Date: _____/_____/_____ Position at Firm/Company: _____
dd mm yyyy