

PROCEDURE FOR REPORTING
OCCUPATIONAL ACCIDENTS AND INJURIES

1. Where an accident arising out of and in the course of employment occurs and disables/injures an employee, the employee's supervisor must be informed of the accident immediately.
2. The Supervisor must report the accident to the Permanent Secretary/Head of Department within 24 hours of being informed of the accident.
3. The Employer must report the accident on the prescribed form (Schedule I) within 4 days to the Department of Labour, the Safety and Health Representative or Trade Union if any, and if required to the National Insurance Corporation (NIC).
4. For those employees who are NIC contributors, the Employer must complete and submit the Employment Injury Benefit Forms 1 and 2 (EIB 1 and EIB 2) along with the prescribed form mentioned in 3 above to the National Insurance Corporation.
5. Where the employee is a NIC contributor, the injury claim shall be handled by the NIC in accordance with its Act and Regulations.
6. Where the injured employee is not a NIC contributor, an investigation is conducted by the Employer to determine that the injury is job related and that the employee was authorized to perform the functions/duties at the time of his/her accident.
7. Where the employee is not a NIC contributor, and the injury has been determined an occupational accident, the Employer will compensate up to the limit established by the Cabinet of Ministers.

SCHEDULE I

NOTIFICATION OF OCCUPATIONAL ACCIDENT

Particulars of undertaking

Name of employer.....

Address of undertaking.....

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.....Telephone No.

Nature of Business.....

Particulars of injured employee

Surname..... First Name

Age Sex Social Security No.

Full Address.....

Occupation or Title.....

Nature and location of injury.....

Estimated duration of disability.....

(on the basis of medical certificate)

Circumstances of the accident

Date and time of accident.....

Place where accident occurred.....

Work performed by injured employee at time of accident.....

Immediate cause of Accident.....

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First aid provided at.....

Measure taken to prevent recurrence of similar accidents.....

Date

.....
Signature of Employer