

FORM NO. 18

(See rule 95 and 96)

Notice of Accident

1. Name of occupier (or Factory)Employer E.S.I. Employer's
Code No.
2. Address of factory/premises where accident took place
3. Nature of industry
4. Branch or department and exact place where the
accident took place
5. Name and address of the injured E.S.I. Insurance No.
6. (a) Sex
(b) Age (last birthday)
(c) Occupation of the injured person
7. Local E.S.I. Office to which the injured person is
attached
8. Date, shift and hour of accident
9. (a) Hour at which the injured person started work
on the day of accident
(b) Whether wages in full or part are payable to him for
the day of the accident
10. Cause of accident—
 - (a) If caused by machinery—
 - (i) Give name of the machine and the part
causing the accident
 - (ii) State whether it was moved by mechanical
power at that time
 - (b) State exactly what the injured person was doing
at that time
 - (c) In your opinion, was the injured person at the
time of accident—
 - (i) acting in contravention of provisions of any
law applicable to him?
 - OR
 - (ii) acting in contravention of any orders given
by or on behalf of his employer?
 - OR
 - (d) In case reply to (c) (i), (ii) or (iii) is in the
affirmative, state whether the act was done for
the purpose of and in connection with the
employer's trade or business

11. In case the accident happened while travelling in the employer's transport, state whether –
 - (i) the injured person was travelling as a passenger to or from his place of work;
 - (ii) the injured person was travelling with the express or implied permission of his employer;
 - (iii) the transport is being operated by or on behalf of the employer or some other person by whom it is provided in pursuance of arrangements made with the employer;
 - (iv) the vehicle was being/not being operated in the ordinary course of public transport vehicle;
12. In case the accident happened while meeting emergency, state
 - (i) its nature;
 - (ii) whether the injured person at the time of accident was employed for the purpose of his employer's trade or business in or about the premises at which the accident took place.
13. State how the accident occurred
14. Names and address of witnesses
 - (a)
 - (b)
15. (a) Nature and extent of injury (g.g., fatal, loss of finger, fracture of leg, scale of scratch and followed by sepsis)
 - (b) Location of injury (right leg, left hand or left eye, etc.)
16. (a) If the accident is not fatal, state whether the injured person was disabled for 48 hours or more
 - (b) Date and hour of return to work
17. (a) Physician, dispensary or hospital from whom or in which the injured person received or is receiving treatment.
 - (b) Name of dispensary/panel doctor selected by the injured person
18. (i) Has the injured person died
 - (ii) If so, date of death

I certify that to the best of my knowledge and belief the above particulars are correct in every respect.

Date

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Signature of the Manager