

FORM IV

(see rule 8(1)(2) and (3))

NOTICE OF ACCIDENT OR DANGEROUS OCCURRENCE

E.S.I.C. Employer's Code number:

1. Name of employer :
2. Address of works / premises where the accident or dangerous occurrence took place :
3. Nature of industry:
4. LIN of the establishment:
5. Registration number (DISH/COL):
6. Branch or department and
exact place where the accident or
dangerous occurrence took place :
7. Details of the person injured or killed:

Sl. No.	Name, Sex, Age, Father's/Husband's name, Aaadhar number of the person injured or killed	Address of the person injured or killed	Occupation of the person injured or killed	Monthly wages of the person injured or killed	E.S.I.C. Insurance Number of the person injured or killed
(1)	(2)	(3)	(4)	(5)	(6)

8. Local E.S.I.C. Office to which the
Person injured or killed is attached :
9. Date, shift and hour of accident
or dangerous occurrence :
10. (a) Hour at which the person injured or killed started work on the day of
accident or dangerous occurrence :
- (b) whether wages in full or part are payable to him for the day of the
accident or dangerous occurrence :
11. (a) Cause or nature of accident
or dangerous occurrence :
- (b) If caused by machinery-
- (i) Give the name of machine and the part causing the accident
or dangerous occurrence :
- (ii) state whether it was moved
by mechanical power at the time of accident or dangerous occurrence :
- (c) State exactly what the person injured or killed was doing at the time of accident
Or dangerous occurrence :
- (d) In your opinion, was the person injured or killed at the time of accident or dangerous occurrence-
- (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

(iii) acting without instructions from his employer?

(e) In case reply to (d) (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. :

12. In case the accident or dangerous occurrence took place while travelling in the employer's transport, state whether -

(a) the person injured or killed was travelling as a passenger to or from his place of works;:

(b) the person injured or killed was travelling with the express or implied permission of his employer;:

(c) 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 and :

(d) the vehicle is being/not being operated in the ordinary course of public transport service:

13. In case the accident or dangerous occurrence took place while meeting emergency, state-

(a) its nature ;and

(b) whether the person injured or killed at the time of accident or dangerous occurrence was employed for the purpose of his employer's trade or business in or about the premises at which the accident or dangerous occurrence took place. :

14. Describe briefly how the accident or dangerous occurrence took place :

15. Names and addresses of witnesses :(1)

(2)

16. (a) Nature and extent of injury (e.g. fatal, loss of finger, fracture of leg, scald, scratch followed by sepsis, etc.) :

(b) Location of injury (e.g. right leg, left hand, left eye, etc.)

17. (a) If the accident or dangerous occurrence was not fatal, state whether the injured person was disabled for more than 48 hours :

(b) date and hour of return of work :

18. (a) Physician, dispensary or hospital from whom or which the injured person received or is receiving treatment :

(b) Name of dispensary/panel doctor elected by the injured person :

19. (a) Has the injured person died? :

(b) If so, date, time and place of death :

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

Date of dispatch of report:

Place:

Signature/ E-sign/digital sign of employer

Signature and Name and Designation of owner/ employer /manager/agent