

NOTICE OF AN ACCIDENT
CAUSING INJURY TO, OR DEATH OF, A WORKER
(The Worker's Compensation Act Cap. 225 Section 10 (1) and 10 (2) of the Act

(1) EMPLOYER

- (a) Name.....
- (b) Address.....
- (c) Industry.....
- (d) Insurance Company (name and address if insured against accident to a worker).....

(2) INJURED PERSON

- (a) Name Father's name.....
- (b) Race Sex..... Age..... Trade/Job.....
- (c) Address.....
- (d) District (i)..... Saza.....
- (e) Gombolola Village.....

(3) EARNINGS OF INJURED PERSON

Give rates at time of accidents:-

- I. Wages: Daily Shs Monthly Shs.....
- II. Values of free rations
- III Housing Shs..... Fuel.....
- IV Any other bonus or allowances Shs

(4) DETAILS OF ACCIDENT

- (c) Date..... Time..... Exact place.....
- (d) Brief description of cause.....

- (e) If accident due to machinery state:-
 - (i) Name of machine and part causing accident.....
 - (ii) Whether in motion by mechanical power at the time.....

- (d) If in factory:-
 - (i) Registration No.....
 - (ii) Has accident been registered in the General Register.....

- (e) Give brief description of injuries as apparent to employer.....

- (f) To what Hospital or medical practitioner was the injured person sent for treatment
Date..... 20..... Employer

Classification	
District	1 and 2
Serial No	3 to 6
F. No	7 to 10
Industry	11 to 14
Causation	15 to 17
Month	19 to 20
Trade	21 to 22
Age	24
Sex	25
Race	26 and 27
Time off	28 and 29
Incapacity	30 and 31
Injury	32 and 33
Injury Loc	35
Occ. Dis	37
Factors or B.O	47
B.O. 's and W.E.C's only	
Cause (2)	39 to 4

MEDICAL REPORT

Inpatient /out patient (delete as applicable)
No..... Date admitted..... date discharged.....
Nature of Injury

Results of Injury

Temporary Incapacity.....
%from.....to.....
%from.....to.....

Permanent Incapacity assessed atper cent from.....
Date..... 20.....

Medical Practitioner

THE REPUBLIC OF UGANDA

Reference:

From:

.....

.....

Date.....

To:

.....

.....

WORKMEN'S COMPENSATION

..... (deceased)

In order that an assessment of the compensation payable to the deceased's dependants may be made, I should be grateful if you would cause enquiries to be made in the area of the home of the deceased and **return the duplicate and triplicate** of this form to me providing on the reverse any information concerning the dependants which will assist me to determine the degree of dependency.

.....

for Labour Commissioner.

