

**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.

