

FORM 12

*Accident Report From Employer
Employees' State Insurance Corporation
(Regulation 68)*

1. Name and Address of Factory/Establishment and Telephone No.
2. Nature of Industry or business
3. Employer's Code No.
4. Branch Office
5. Name and address of Injured Person
6. Sex and Age
7. Occupation
8. Insurance No.
9. Department
10. Shift/hrs. of work on the date of accident
11. Hour at which he started work on the day of accident
12. Date and hour of accident
13. Exact place of accident
14. Nature and extent of injury (e.g. fatal, loss of finger, fracture of leg, scald etc.)
15. Location of injury (right leg, left hand or left eye etc.)
16. Address of premises where accident happened
17. Date of death in case the injured person dies
18. In case the accident happened while meeting an emergency, please state:-
 - (i) Its nature-
 - (ii) Whether the injured person, at the time of the accident was employed for the purpose of his employer's trade or business in or about the premises at which the accident took place-
19. Dispensary/IMP allotted to injured person
20. Dr. or Dispensary or Hospital from where injured person received or is receiving treatment
21. Name and Address of Witness:-
 - 1.
 - 2.

Note : Accident Report is required to be submitted to the appropriate Branch Office as well as to Insurance Medical Officer/IMP within 24 hours of the receipt of notice of injury. In case of fatal or serious accidents, it must be submitted immediately to avoid legal penal action under section 85.

22. Whether wages in full or part are payable to him for the day of accident

Yes	No
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23. Whether the injured person was an employee under section 2(9) of the Act on the day of accident

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24. Whether contribution was payable by him for the day on which accident occurred
25. Cause of Accident-
 - (a) State exactly what the injured person was doing to the time of accident i.e. Brief description of how the accident occurred.....
 - (b) Was the injured person, at the time of accident, acting in contravention

Yes	No
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of-

(1) the provision of any law applicable to him.....

or

(2) any orders given by or on behalf of his employer.....

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or

(3) acting without instructions from his employer

(c) In case reply to b(1), (2) or (3) is Yes, state whether the act was done for the purpose of and in connection with the employer's trade or business

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26. In case the accident happened while travelling in the employer's transport, state whether the injured person was travelling:-

(1) as a passenger to or from his place of work.

(2) with the express or implied permission of his employer.

(3) the transport is being operated by or on behalf of the employer or some other person by whom it is provided in pursuance of arrangement made with the employer, and

(4) the vehicle was being/not being operated in the ordinary course of public transport service.

Accident report is required to be submitted to the appropriate branch office as well as to Insurance Medical Officer / IMP with in 24 hours of the receipt of notice of injury. In case of fatal and serious accidents, it must be submitted immediately to avoid legal penal action u/s. 85.

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

Nil for the month of May 2022

Date of dispatch of report.....

Signature of the Employer.....

Name in Block letters.....

Designation.....

(with Stamp)

(FOR OFFICIAL USE)

Diary No. of accident register and Date.....Signature of B.M.....]

