SECOND SCHEDULE

WORKMEN'S COMPENSATION ACT
(Substituted by Regulations 6th August, 1976)

NOTICE BY EMPLOYER OF ACCIDENT CAUSING INJURY/DEATH TO A WORKMAN OR DEATH OF A WORKMAN FROM ANY CAUSE WHATSOEVER

(SECTION 14 – REGULATION 3)

PART I

1. EMPLOYER –
   (i) Name……
   (ii) Address……
   (iii) Industry or Business……
   (iv) Name and address of Insurance Company, if insured against accident to workman ……
   ……

2. WORKMAN –
   (i) Name…… s/o……
   (ii) Sex……
   (iii) Age……
   (iv) Occupation (avoid the term "labourer" where possible)……
   ……
   (v) Residential Address……

3. ACCIDENT/DEATH FROM ANY CAUSE WHATSOEVER –
   (i) Date and Hour……
   (ii) Place……
   (iii) Description of accident/death including a clear statement of exactly what the workman was doing at the time of the accident/death……
   ……
   ……

4. AGENCY OF ACCIDENT –
   (Put X against appropriate Agency)

☐	Electricity	☐	Person Falling
☐	Fire, Hot Substances	☐	Handling Material
☐	Power Driven Machinery	☐	Handling Tools in use
☐	Flying Pieces	☐	Vehicles in motion
☐	Stepping on or striking against objects	☐	Animals
☐	Objects falling	☐	Other causes (state what below)

   ……
   ……

5. INJURY –
   (1) Nature of injury (Put X against appropriate classification)

☐	Fractured of crushed limbs	☐	Concussion
☐	Bruises, abrasions, contusions	☐	Traumatic amputation
☐	Cuts, lacerations	☐	Asphyxiation, gassing
☐	Punctures	☐	Poisoning
☐	Sprains, Strains	☐	Sepsis
☐	Dislocation	☐	Dermatitis
☐	Foreign Bodies	☐	Not otherwise classified (state nature)
☐	Burns, scalds		

   Name of hospital or medical practitioner treating the injured workman……
   ……
   (2) Action taken……
   ……

(3) Location of injury (put X against appropriate location of injury)

☐ Head	☐ Trunk	☐ Hand	☐ Leg	☐ Toe
☐ Eye	☐ Arm	☐ Fingers	☐ Foot	☐ Elsewhere

6. GROSS WEEKLY EARNINGS AT THE DATE OF THE ACCIDENT –

Gross cash wage.…… _____

Value of rations.…….. _____

Value of housing.…… _____

Value of Fuel…...…… _____

Overtime payment or other special remuneration for work done,
whether by way of bonus or otherwise, if of constant character,
and for work habitually performed……. _____

Total gross earnings per week _____

Date.……... …….

Signature of employer

Notes –

(1) In the case of injury to a workman involving incapacity for work for three or more consecutive days it is requested that the employer complete Part I in quadruplicate and then despatch it immediately as under:–
Original – To the Permanent Secretary for Labour, Suva.
Duplicate, Triplicate and Quadruplicate – To the medical practitioner attending or examining the injured workman.

(2) In the case of an accident causing the death of workman or death resulting from any cause whatsoever Part I should be completed in quadruplicate and then despatched as in (1) above.

The submission of this notice does not itself constitute a liability to pay compensation.

PART II

(For use by the medical practitioner attending or examining the injured workman)

Date admitted to hospital …… Discharged…….……..

Inpatient No. …….…….…….....

Attendance as out-patient from…….……...……

Out patient No..…….……...

Nature of injury.…….……..

……...……

……...……...……

♦ Permanent incapacity.…….…….percent

♦ Temporary incapacity – Likely duration of absence from work (from date of accident) ……...days/weeks/months.

Is a further examination required before final assessment of permanent incapacity can be given? ……..……

…….

If so, when.…….…….

……..… …….. ……...……

Date Name of Medical Practitioner Signature

Note – it is requested that this part be completed by the medical practitioner in triplicate, the form being despatched as under:

One copy to the employer
One copy to the Permanent Secretary for Labour, Suva
One copy to be retained by the Medical Practitioner

PART III

(For use of Permanent Secretary for Labour)

Compensation *is/is not being claimed on behalf of the *workman/dependants of the deceased workman.

District and Accident Register No……...……

Station …….

Date.…….. ….……..

Secretary for Labour

* Delete as necessary