

CHAPTER 219.**WORKMEN'S COMPENSATION.****RULES**

made by the Governor in Council under section 43.

NOTIFICATION OF INJURIES.

P.N.
26 of 1955.
Citation.

1. These rules may be cited as the Workmen's Compensation (Notification of Injuries) Rules.

2. (1) Notice of an accident arising out of and in the course of his employment causing injury to a workman of such a nature as would entitle him to compensation under the provisions of the Ordinance may be given by or on behalf of the workman as soon as practicable after the accident and before the workman has voluntarily left the employment in which he was injured, either in writing or orally to the employer (or if there is more than one employer, to one of such employers) or to the Commissioner of Labour or to the Labour Officer of the area in which the workman was employed.

Notification
of accident
by or on
behalf of
workman.

(2) The notice shall give the name and address of the person injured and shall state in ordinary language the cause of the injury and the date on which the accident happened.

Require-
ments of
notice by
workman.

(3) Where the employer is a body of persons, corporate or unincorporate, the notice, if in writing, may also be given by delivering it or by sending it by post in a registered letter addressed to the residence or place of business of the person to whom it is to be given.

Notice by
post.

3. (1) Notice of an accident arising out of and in the course of his employment causing injury to a workman of such a nature as would entitle him to compensation under the provisions of the Ordinance shall be given in the prescribed form to the Commissioner of Labour or to the Labour Officer of the area by the employer as soon as practicable after the accident and before the workman has voluntarily left the employment in which he was injured. In this sub-rule, "prescribed form" means Form No. 1 in Schedule A of these rules.

Notification
of accident
by employer.

(2) When the death of any workman from any cause whatever is brought to the notice of, or comes to the knowledge of his employer, the employer shall, as soon as practicable after

Notification
of death of
a workman.

the occurrence of the death, give notice in the prescribed form to the Commissioner of Labour or to the Labour Officer of the area in which the workman was employed. Such notice shall state the circumstances of the death of the workman if they are known to the employer. In this sub-rule, "prescribed form" means Form No. 2 in Schedule A of these rules.

Schedule A.

4. The forms prescribed in Schedule A shall be used where applicable, with such variations and modifications as the circumstances may require.

Schedule B.

5. Every employer of persons, who are workmen within the meaning of the Ordinance shall render to the Commissioner of Labour by the 31st day of January in each year, the return or returns prescribed in Schedule B, duly completed so far as the same are applicable.

Rules 3 & 4.

SCHEDULE A.

FORM No. 1.

THE WORKMEN'S COMPENSATION ORDINANCE.

NOTIFICATION OF ACCIDENT.

1. Name of firm or proprietor.....
 2. Address of firm.....
 3. Address and place where accident occurred.....
 4. Date and time of accident.....
 5. Name of injured worker.....
 6. Tribe, chiefdom, home town (village) and address of injured worker.....
 7. (a) Sex (b) age and (c) occupation of injured person.....
(a)..... (b)..... (c).....
 8. Statement by person in charge describing accident and cause.....
 9. Was machinery involved, if so, was there any failure of an essential part?
 10. Nature of injury sustained.....
 11. Probable duration of incapacity of worker from doing his ordinary work
 12. Employer's reference number.....
- Dated this.....day of.....19....
- Signature of person giving the notice.....
- Address of person giving the notice.....

FOR OFFICIAL USE.

1. Date received.....
2. Accident No.....
3. Industry
4. Occupation.....
5. Classification
6. Sex

7. Copy of Medical Officer's Report received.....
8. Dependants (in the case of fatal accidents).....
9. Interim payments made to worker.....
10. Assessment of compensation.....

FORM No. 2.

THE WORKMEN'S COMPENSATION ORDINANCE.

NOTIFICATION OF DEATH.

1. Name of firm or proprietor.....
 2. Address of firm.....
 3. Address and place where death occurred.....
 4. Date and time of death.....
 5. Name of injured worker.....
 6. Tribe, chieftdom, home town (village) and address of worker.....
 7. (a) Sex (b) age (c) occupation of person (a).....(b).....(c).....
 8. Statement by person in charge describing cause and circumstances of death, if known.....
 9. Was machinery involved, if so, was there any failure of an essential part?
 10. Employer's reference number.....
- Dated this.....day of.....19.....
- Signature of person giving the notice.....
- Address of person giving the notice.....

FOR OFFICIAL USE.

1. Date received.....
2. Accident No.....
3. Industry
4. Occupation.....
5. Classification
6. Sex
7. Copy of Medical Officer's Report received.....
8. Dependants
9. Interim payments made to worker.....
10. Assessment of compensation.....

FORM No. 3.

THE WORKMEN'S COMPENSATION ORDINANCE.

REQUEST BY EMPLOYER TO WORKMAN TO SUBMIT HIMSELF FOR
MEDICAL EXAMINATION.

To:

In reference to your notice given on the.....day of.....that you have met with an accident causing personal injury, you are hereby required to submit yourself for examination by Dr.....who is the medical practitioner named by me.....at.....on the.....day of.....19....., at.....m.

(if you claim that you are unable or not in a fit state to attend the above medical examination you should inform me immediately).

Dated this.....day of....., 19.....

.....
Signature.

FORM No. 4.

THE WORKMEN'S COMPENSATION ORDINANCE.

DETAILS OF AGREEMENT AS TO THE AMOUNT OF COMPENSATION
PAYABLE BY THE EMPLOYER.

(This form must be completed and forwarded to the Clerk of the Court by the party who desires the agreement to be made an Order of the Court.)

1. Name, address and business of employer.....
2. (a) Name and address of workman (tribe, chiefdom, home town).....
- (b) Occupation

(Full details of the nature of the work and duties on which the workman was employed at the date of the accident.)

- (c) Age
- (d) Sex
- (e) Previous Compensation awarded (if any).....
3. (a) Date of accident.....
- (b) Cause of accident.....
- (c) Nature and circumstances of injury.....

(Give full details and state whether incapacity is total or partial, permanent or temporary. If partial, the degree, and, if temporary, the period of incapacity must be given.)

4. Contract of employment.....

The monthly earnings must be stated, specifying the value of food, fuel or quarters

5. Date of agreement.....
6. Amount of compensation agreed upon and to whom payable.....
(Copy of agreement must be given.)

7. (a) Amount payable in a lump sum.....
- (b) Amount and period of periodical payments.....
8. Any other information.....

.....
Signature of Applicant.

Sworn before me this.....day of....., 19.....

.....
Commissioner of Oaths.

FORM No. 5.

THE WORKMEN'S COMPENSATION ORDINANCE.

APPLICATION FOR ENFORCING CLAIM TO COMPENSATION.

(This form must be completed and forwarded to the Clerk of Court, by the workman making application for enforcing his claim to compensation.)

1. Name of firm or proprietor.....
2. Address of firm.....
3. Place where accident occurred.....

4. Date and time of accident.....
5. Name of injured worker.....
6. Tribe, chiefdom, home town (village) and address of injured worker.....
7. (a) sex..... (b) age.....
(c) occupation of injured person.....
8. Nature of injury sustained.....
9. Percentage incapacity or medical report.....
10. Average earnings per month.....
11. Amount of compensation claimed.....

Signature.

SCHEDULE B.

If payments have been made in respect of an accident by an Employer the following Form must be filled up.

A. CASES IN WHICH COMPENSATION WAS PAID FOR DEATH.

(Compensation paid in respect of previous incapacity should be included in Table B).

	No. of cases in which Compensation was paid during 19 .	Total amount of Compensation paid during 19 .
Cases where compensa- tion (including medical or burial expenses, if any) was paid.....		£ s. d.

B. CASES IN WHICH COMPENSATION WAS PAID FOR INCAPACITY.

	No. of cases in which compensation was paid during 19 .	Total amount of compensation paid during 19 .	
		Lump sum Payments.	Periodical Payments.
Cases continued from previous years.		£ s. d.	£ s. d.
Cases in which the first payment of compensation was made during 19.....			
Total			