

Report of Fatal / Serious Accident:**Report of Fatal / Serious Accident**

The Commissioner for Workmen's Compensation

Sir,

This is to report of an accident which occurred on(date).....at(here enter details of premises) and which resulted in the death / serious bodily injuries of the workman / workmen of whom particulars are given in the statement annexed.

2. The circumstances in which the death / serious bodily injuries to the workman / workmen were as under:-

- (a) Time of the accident;
- (b) Place where the accident occurred
- (c) Manner in which deceased / seriously injured was / were employed at the time;
- (d) Cause of the accident
- (e) Any other relevant particulars

Yours Faithfully,

.....
Signature and designation of the
Officer making the report

Name	Sex	Age	Nature of employment	Full Postal Address