**ACCIDENT REPORT FORM**

(E-mail or Fax to HR Department)

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| --- | --- | --- | --- |
| Nature of Accident |  | Date of Accident |  |
| Employee Name |  | **Employee ID** |  |
| Designation |  | **Department / Stable** |  |

|  |  |
| --- | --- |
| Accident Details | |
|  | |
| Location: Where did the accident took place?  (i.e. track/ stable/ kitchen/etc) |  |
| Hospital Ambulance called from |  |
| Hospital employee taken to |  |

|  |
| --- |
| Comments |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Stable / Department |  |
| Signed by: |  | **Date** |  |