

BRUNEI DARUSSALAM

(Form A)

**NOTICE BY EMPLOYER OF ACCIDENT CAUSING INJURY TO
OR DEATH OF EMPLOYEE**

(The Workmen's Compensation (Amendment) Enactment, 1978 – Section 13)

1. EMPLOYER

- (a) Name :
- (b) Address :
- (c) Name and address of insurer (if any) Policy No. :
- (d) Has the insurer been informed of the accident? (If not, give reasons) :

2. ACCIDENT

- (a) Date : (b) Time : (c) Place :

- (d) Cause (to be indicated by putting a tick as required)

Power-Driven Machinery

- Prime Mover
- Transmission
- Lifting
- Other

Other Machinery

- Lifting
- Other

Means of Transport

- Land Transport - Power-driven
- Other
- Water Transport - Power-driven
- Other
- Air Transport

Hand Tools

- In hands of person injured
- Not in hands of person injured

Miscellaneous

- Handling objects other than tools
- Struck by falling/moving objects
- Person Falling
- Fire or Explosion
- Hot, poisonous or corrosive substance
- Stepping on/striking against stationary object
- Electric shock
- Ground subsidence or collapse
- Animals
- Other causes
- Cause not known

- (e) Brief description of circumstances

3. EMPLOYEE

(If more than one workman is injured or killed in the same accident separate form is required for each individual workman).

- (a) Name :
- (b) Occupation : Marital Status :
- (d) Age : (e) Date of birth : (f) Sex :
- (g) Present Address in Brunei Darussalam :
- (h) Name and address of wife or other next-of-kin :
- (i) Permanent Address :
- (j) NRIC No. : (k) Date/Place of issue :

If the workman has been killed, paragraph (h) of this section is to be completed instead of paragraph (g). Paragraph (i), (j) and (k) are to be completed if the workman is an immigrant.

4. **INJURY**

- (a) Particulars (as known to employer) of nature of injury, part of body injured and whether serious or slight.
- (b) Has the injured workman been examined or treated in a hospital or by a registered medical practitioner (section 14)? If so, what is the name and address of the hospital or practitioner concerned?

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(If a medical certificate has already been obtained a copy should be attached).

5. **REMARKS**

(This section is for observations the employer may wish to make on matters relevant to the settlement of compensation under the Workmen's Compensation (Amendment) Enactment, 1978. Nothing will be taken as an admission of liability in any subsequent proceedings arising under the Enactment, but if the employer wishes to deny liability at this state he is asked to state his reasons).

- (a) Does the employer wish to deny liability for compensation?
- (b) If so, for what reason?

(c) Other remarks.

6. **PARTICULARS OF EMPLOYEE'S EARNINGS FOR THE PURPOSE OF COMPENSATION**

(This section need only be completed if the employee is eligible for compensation under the Enactment. It is to show (a) the total and (b) the average monthly earnings (as defined in Section 3 (1) of the Enactment) received in cash and kind of during the 6 months immediately preceding the date of the accident, or, if he has been employed for less than 6 months, during the period of his employment).

Earnings received in cash

Basic wage or salary B\$

Cost of living allowance B\$

Bonus or other special payment for work done B\$

(If the bonus or other payment is paid annually a proportionate amount should be stated)

Estimated cash value of benefits in kind

Value of food supplied by employer B\$

Value of housing provided by employer B\$

Value of any other services or benefits B\$

Period covered (i.e. period of employment or 6 months whichever is the longer)..... months

- (a) Total earnings over period covered B\$
- (b) Average earnings per month over period covered B\$

(c) Will the workman or his dependents continue to receive his basic wage and any other allowances or benefits during any period of temporary disablement caused by the injury?.....

(If so, the items should be indicated by marking with a tick).

.....
 Date of Notice

.....
 Signature of Employer