



**SOCIAL SECURITY - ACT 26 of 1995
NOTICE OF EMPLOYMENT INJURY
PARTICULARS OF UNDERTAKING**

To : The Director
Social Security Fund

Name of Employer

Address

Name of Business

PARICULARS OF INJURED PERSON

Full Name Mr / Mrs / Miss

Alias or other names

Address

Occupation

Nature of Injury

CIRCUMSTANCES OF ACCIDENT

1. Date of accident

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|--|--|--|--|--|--|

dd mm yy

2. Date Injured Person stopped working

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|--|--|--|--|--|--|

dd mm yy

3. Exact location where accident occurred.....

4. Nature of work being performed by Injured Person at the time of the Accident

5. Was this type of work authorised / permitted? YES NO

6. What was the cause of the accident?.....

7. What was the extent of the injury observed at the time of the accident?.....

8. Was the appropriate protective gear worn at the time of the accident? YES NO

If NO, state reason for the non use of the appropriate gear

9. State what measures will be taken to prevent recurrence of similar accident.....

Any person who for the purpose of obtaining any benefit or other payment under this Act, whether for himself or some other person or any other purpose connected with this Act knowingly make a false statement or false representation or produces or furnishes, or causes or permits to be produced or furnished any document or information which he knows to be false in a material particular shall be liable on summary conviction to a fine of \$500 or imprisonment for a term of six months or to both such fine and imprisonment.

Date

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dd mm yy

.....
Authorised Signature

.....
Authorised Name