

**FORM - 25**

Prescribed under Rule 121(3)

**REPORT OF ACCIDENT OR DANGEROUS OCCURRENCE RESULTING IN DEATH OR BODILY INJURY**

E.S.I.C. Employer's Code number : E.S.I.C. Insurance

Number of the injured person :

1. Name of occupier ( or factory)/employer :

2. Address of works / premises where the  
accident or dangerous occurrence  
took place :

3. Nature of industry :

4. Branch or department and exact place  
where the accident or dangerous  
occurrence took place :

5. Name and address of the injured person :

6. (a) Sex :

(b) Age (at the last birthday) :

(c) Occupation of the injured person :

7. Local E.S.I.C. Office to which the  
injured person is attached :

8. Date, shift and hour of accident or  
dangerous occurrence :

9. (a) Hour at which the injured person started work on the day of accident or dangerous occurrence :

(b) whether wages in full or part are payable to him for the day of the accident or dangerous occurrence :

10. (a) Cause or nature of accident or dangerous occurrence :

(b) If caused by machinery : -

(i) Give the name of machine and the part causing the accident or dangerous occurrence :

(ii) state whether it was moved by mechanical power at the time of accident or dangerous occurrence :

(c) State exactly what the injured person was doing at the time of accident or dangerous occurrence :

(d) In your opinion, was the injured person at the time of accident or dangerous occurrence : -

(i) acting in contravention of provisions of any law applicable to him; or

(ii) acting in contravention of any orders given by or on behalf of his

employer, or :  
(iii) acting without instructions :  
from his employer? :

(e) In case reply to (d) (i), (ii) or (iii)  
is in the affirmative, state whether  
the act was done for the purpose  
of and in connection with the  
employer's trade or business :

11. In case the accident or dangerous  
occurrence took place while  
travelling in the employer's  
transport, state whether -

(a) the injured person was  
travelling as a passenger  
to or from his place of works :

(b) the injured person was travelling  
with the express or implied  
permission of his employer :

(c) the transport is being operated  
by or on behalf of the employer or  
some other person by whom it is  
provided in pursuance of  
arrangements made with the  
employer; and :

(d) the vehicle is being/not being  
operated in the ordinary course

of public transport service :

12. In case the accident or dangerous occurrence took place while meeting emergency, state :-

- (a) its nature ; and :
- (b) whether the injured person at the time of accident or dangerous occurrence was employed for the occurrence was trade or business in or about the premises at which the accident or dangerous occurrence took place. :

13. Describe briefly how the accident or dangerous occurrence took place :

14. Names and addresses of witnesses (1) :  
(2) :

15. (a) Nature and extent of injury (e.g. fatal, loss of finger, fracture of leg, scald, scratch followed by sepsis, etc.) :

(b) Location of injury (e.g. right leg, left hand, left eye, etc.) :

16. (a) If the accident or dangerous occurrence was not fatal, state

whether the injured person was  
disabled for more than 48 hours :

(b) date and hour of return of work :

17. (a) Physician, dispensary or hospital  
from whom or which the injured  
person received or is receiving  
treatment :

(b) Name of dispensary/panel doctor  
elected by the injured person :

18. (a) Has the injured person died ? :

(b) If so, date of death :

I certify that to the best of my knowledge and belief the above particulars are correct in every respect.

Signature of manager/employer :

Name, designation and address  
of manager/employer :

Date of dispatch of report :

(This space is to be completed by the Inspector of Factories)

District ..... Date of receipt :

Number of the accident or dangerous occurrence: Causation :

Other particulars (e.g. fatal, leg injury, arm injury, etc.) :

Date of investigation :

Result of investigation :