

NOTICE BY EMPLOYER OR SCHOOL CONTROLLING AUTHORITY OF ACCIDENT CAUSING INJURY/DEATH/OCCUPATIONAL DISEASE TO A WORKER OR PUPIL

Accident Compensation (Employment Accidents) Regulations 2018 and Accident Compensation (School Accidents) Regulations 2018

1. EMPLOYER / CONTROLLING AUTHORITY OF SCHOOL

- (i) Name.....
- (ii) Registered Address.....
- (iii) Industry or type of business if an employer.....
- (iv) Phone/ Mobile Contact..... Email.....
- (v) Certified True copy of FNU Compliance Letter or Certificate of Exemption: .....

2. WORKER / PUPIL

- (i) Name..... TIN.....
- (ii) Sex.....
- (iii) DOB.....
- (iv) Occupation (if worker): .....
- (v) Residential Address.....
- (vi) Phone/ Mobile Contact..... Email.....

3. DETAILS OF PERSONAL INJURY/DEATH/ OCCUPATIONAL DISEASE –

- (i) Date and Hour.....
  - (ii) Date employer/ controlling authority became aware of the incident.....
  - (iii) Place of Accident .....
  - (iv) Description of the accident, including a clear statement of exactly what the worker or pupil was doing at the time of the accident/death and what happened
- .....
- .....
- .....

4. If you know the cause of the accident put an 'X' against appropriate cause

*Put X against appropriate cause)*

- |  |   |
|--|---|
| <input type="checkbox"/> Electricity, Heat, Radiation            | <input type="checkbox"/> Slips, Trips, Falls          |
| <input type="checkbox"/> Fire, Hot Substances                    | <input type="checkbox"/> Handling Material            |
| <input type="checkbox"/> Machinery                               | <input type="checkbox"/> Handling Tools               |
| <input type="checkbox"/> Flying Pieces                           | <input type="checkbox"/> Motor vehicle                |
| <input type="checkbox"/> Stepping on or striking against objects | <input type="checkbox"/> Animals                      |
| <input type="checkbox"/> Objects Falling                         | <input type="checkbox"/> Other (Please Specify below) |
- .....

5. INJURY/ OCCUPATIONAL DISEASE –

(1) If you know the nature of the injury put an 'X' against appropriate classification.

- |  |  |
|--|--|
| <input type="checkbox"/> Fractures   | <input type="checkbox"/> Concussion            |
| <input type="checkbox"/> Bruises, abrasions, contusions                            | <input type="checkbox"/> Traumatic amputation  |
| <input type="checkbox"/> Cuts, lacerations   | <input type="checkbox"/> Asphyxiation, gassing |
| <input type="checkbox"/> Punctures   | <input type="checkbox"/> Poisoning             |
| <input type="checkbox"/> Sprains, Strains  | <input type="checkbox"/> Infection             |
| <input type="checkbox"/> Dislocation   | <input type="checkbox"/> Dermatitis            |
| <input type="checkbox"/> Foreign Bodies  | <input type="checkbox"/> Burns, scalds         |
| <input type="checkbox"/> Cancer  | <input type="checkbox"/> Hepatitis             |
| <input type="checkbox"/> Other Injury/ Occupational Disease (Please Specify) ..... |  |

(2) Name of hospital/medical facility and registered medical practitioner treating the injured worker

.....

(3) Action taken by the treating registered medical practitioner.....

.....

(4) Location of injury (put X against appropriate location of injury)

Head	<input type="checkbox"/>	Trunk	<input type="checkbox"/>	Hand	<input type="checkbox"/>	Leg	<input type="checkbox"/>	Toe	<input type="checkbox"/>
Eye	<input type="checkbox"/>	Arm	<input type="checkbox"/>	Fingers	<input type="checkbox"/>	Foot	<input type="checkbox"/>	Elsewhere	<input type="checkbox"/>

6. Gross weekly wage.....

I confirm to the best of my knowledge that all the information I have provided on this form is true and correct.

I understand that the provision of false information is an offence under the False Information Act 2016 and may result in a fine up to \$20,000.00 or imprisonment of up to 10 years or any or all of the foregoing.

Date .....

.....  
Signed and stamped by Employer/Controlling Authority

**Notification of Personal Injury or Death**

**EMPLOYMENT ACCIDENTS**

(1) In the event of a personal injury/death/occupational disease arising out of and in the course of **EMPLOYMENT** this form is to be completed and addressed to the Permanent Secretary Ministry for Employment, Productivity & Industrial Relations and **Hand delivered** to Level 4 Civic House, Suva or; other Ministry of Employment offices around Fiji or; **posted** to P O Box 2216, Govt Building, Suva, or; **email** to [customercare@employment.gov.fj](mailto:customercare@employment.gov.fj)

AND;

**Hand deliver** to Level 8, BSP Life Centre, Thomson Street, Suva; OR  
Level 1, HLB House,3 Cruickshank Rd, Nadi Airport; OR  
Level 1, Reddy Group Building, 35 Ravouvou Street, Lautoka; OR  
Level 1, Local Woods Building, 10 Sangam Avenue, Labasa; OR  
**Post** to ACCF Claims Centre, P O Box 12752, Suva; OR  
**Email** to [accfclaims@veritas.com.fj](mailto:accfclaims@veritas.com.fj)

**SCHOOL ACCIDENTS**

(2) In the event of a personal injury/death/occupational disease from a **SCHOOL ACCIDENT** this form is to be completed and submitted to the Permanent Secretary Ministry of Education, Heritage and Arts to Private Mail Bag, Govt Building, Suva, or; Marela House, Thurston St, Suva or email to [MEHAaccident@govnet.gov.fj](mailto:MEHAaccident@govnet.gov.fj).

AND;

**Hand deliver** to Level 8, BSP Life Centre, Thomson Street, Suva; OR  
Level 1, HLB House,3 Cruickshank Rd, Nadi Airport; OR  
Level 1, Reddy Group Building, 35 Ravouvou Street, Lautoka; OR  
Level 1, Local Woods Building, 10 Sangam Avenue, Labasa; OR  
**Post** to ACCF Claims Centre, P O Box 12752, Suva; OR  
**Email** to [accfclaims@veritas.com.fj](mailto:accfclaims@veritas.com.fj)

**REPORTING REQUIREMENTS**

The Employer or the Controlling Authority of a school must report a personal injury/ death/occupational disease within the following timeframes:

- **Within 14 days from the date the Employer or the Controlling Authority becomes aware of the accident and INJURY; or**
- **Within 7 days from the date the Employer or the Controlling Authority becomes aware of the accident and DEATH.**