

STATES OF JERSEY
SOCIAL SECURITY DEPARTMENT

ACCIDENT NOTIFICATION

1. **Employer**

a) Name _____

b) Address _____

2. **Injured Person**

a) Full name _____

b) Address _____

c) Date of birth _____ d) Sex _____

e) Occupation _____

3. **Accident**

a) Date _____ Time _____

Place _____

b) Details of how the accident occurred. Include any details of machinery or
plant involved _____

_____ (use back of form if necessary)

c) Name and address of any witnesses' _____

4. **Injury**

a) Nature of injury (e.g. fractured leg, laceration or arm etc.)

b) Was the injured person detained in hospital? _____

Signed (Title) _____

5. **Reported** to the Health and Safety Inspectorate by _____

Date _____ **Claim reference n°** _____