

THE ACCIDENT / KEMALANGAN	
<p>1. As regards the accident please state: <i>Berkenaan dengan kemalangan, nyatakan:</i></p>	<p>Date / Tarikh :</p> <p>Place / Tempat :</p> <p>Time / Masa :</p>
<p>2. On what date did the injured worker actually cease work? <i>Nyatakan tarikh pekerja berhenti bekerja?</i></p>	
<p>3. How exactly did the accident occur? <i>Bagaimanakah kemalangan berlaku?</i></p>	
<p>4. What was the general nature of the contract or work going on? <i>Apakah jenis kontrak atau pekerjaan yang dilakukan semasa kemalangan?</i></p>	
<p>5. Description of the nature of injury. <i>Berikan keterangan kecederaan yang dialami.</i></p>	
<p>6. Was the injured worker under the influence of drink or drugs at the time of accident? <i>Adakah pekerja yang tercedera di bawah pengaruh alkohol atau dadah semasa berlaku kemalangan?</i></p>	<p><input type="checkbox"/> Yes / Ya <input type="checkbox"/> No / Tidak</p>
<p>7. Has the accident been reported to the Labour Dept.? If so, state the name of the officer to whom the report was made and their reference number. <i>Sudahkah kemalangan dilaporkan kepada Jabatan Buruh? Jika ya, nyatakan nama pegawai yang mengambil laporan dan nombor rujukan.</i></p>	
<p>8. State the names of persons who witnessed the accident. <i>Nyatakan nama-nama orang yang menyaksikan kemalangan tersebut.</i></p>	

I/We hereby declare the foregoing answers to be true in every respect to the best of my/our knowledge and belief that no information or particulars have been suppressed.

Saya/Kami mengakui sepanjang pengetahuan saya/kami bahawa jawapan-jawapan yang diberikan diatas adalah benar and tiada maklumat atau keterangan yang disembunyikan.

DATE
TARIKH

SIGNATURE OF EMPLOYER &
COMPANY STAMP
TANDATANGAN MAJIKAN DAN
COP SYARIKAT