# Form No. 11

**(Regulation 66)**

# ACCIDENT BOOK

# EMPLOYEES' STATE INSURANCE CORPORATION

**ESIC Code No.** 690637040011099

| Serial No. | DATE OF NOTICE | TIME OF NOTICE | NAME AND ADDRESS OF INJURED PERSON | SEX | AGE | INSURANCE NO | SHIFT, DEPARTMENT, OCCUPATION OF TH EMPLOYEE | DETAIL OF INJURY | | | | | What exactly was the injured person doing at the time of accident | Name, occupation, address and signature or the thumb impression of the person(s) giving notice | Signature and designation of the person who makes the entry in the Accident Book | Name, address and occupation of two witnesses | Remarks, if any |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | CASE | NATURE | DATE | TIME | PLACE | | | | | |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| | | | | | | | | | | | | | | | | | |
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| | **NO ACCIDENT HAS BEEN DONE IN THE MONTH OF-Jan-2023** | | | | | | | | | | | | | | | | |
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