1967/285



# THE EMPLOYERS' LIABILITY INSURANCE REGULATIONS 1962, AMENDMENT NO. 7

### ARTHUR PORRITT, Governor-General

ORDER IN COUNCIL

At the Government House at Wellington this 18th day of December 1967

#### Present:

HIS EXCELLENCY THE GOVERNOR-GENERAL IN COUNCIL

PURSUANT to the Workers' Compensation Act 1956, His Excellency the Governor-General, acting by and with the advice and consent of the Executive Council, hereby makes the following regulations.

#### REGULATIONS

1. Title—These regulations may be cited as the Employers' Liability Insurance Regulations 1962, Amendment No. 7, and shall be read together with and deemed part of the Employers' Liability Insurance Regulations 1962\* (hereinafter referred to as the principal regulations).

2. Form of employer's report of accident—The First Schedule to the principal regulations is hereby amended by revoking form 3, and substituting the form 3 set out in the Schedule to these regulations.

\*S.R. 1962/21
 Amendment No. 1: (Revoked by S.R. 1964/5)
 Amendment No. 2: (Revoked by S.R. 1965/40)
 Amendment No. 3: (Revoked by S.R. 1965/40)
 Amendment No. 4: S.R. 1965/40
 Amendment No. 5: (Revoked by S.R. 1967/38)
 Amendment No. 6: S.R. 1967/38

Con. Regs.-Tip in 31A.

## SCHEDULE

New F	ORM 3	31	IN	First	SCHEDULE	$\Gamma C$	PRINCIPAL	REGULATIONS
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		Form
	[Authorised Insurer's Name to be inserted here]	Please send to -
Insurer's Claim No.	EMPLOYER'S REPORT OF INDUSTRIAL INJURY In accordance with the provisions of the Workers' Compensation Act 1956	[Number]
<ul> <li>Please forward tach s</li> <li>The employer is also r the Employer's copy o</li> <li>If the injured worker is</li> </ul>	ALL QUESTIONS, using a typewriter, or using a ball-point pen and pressing firmly rs, doi:te what does not apply. ct of three forms to your Insurance Company Immediately, retaining the fourth (En equired by law to notify this accident to the Department of Labour (or other app i this form may be used for such notification. has dependents, the worker must complete a special claim form.	y. aployer's) copy. ropriate authority). If des
mployer 1. Name: 2. Postal address:		
<ol> <li>Nature and type of bu</li> </ol>		
	mber and Street: Loc	ality:
njured Worker 5. Name—Mr/Mrs/Miss		
6. Address:	(Christian names) (Surname)	
	his occupation (including with other employers):	mol
9. AGE last birthday:	10. Sex (IMPORTANT: Re items 8 and 9: If not known exactly, please state as near as possible.)	
	gle, widowed, etc. (state):	
14. Time and date of acc		
15. Did worker continue	working after accident? YES/NO. and date he ceased work:a.m	10
	work? YES/NO. If so, on what date?	
	If not, how long is worker likely to be away from work?	
	If necessary, continue your answers in this section on a separate sheet.) r doing when the accident occurred?	
10 What amircing as act	of our surger or surger (Including the Internet water) contributed to the contribu-	
	of any person or persons (including the injured worker) contributed to the accident	
20. Name the particular in the condition of the	tem of equipment, object, etc. (and part thereof) which was directly responsible for t floor, the inadequate lighting, what the worker struck against, or was handling or li	he ACCIDENT occurring ( fting, and so on. Be specif
20. Name the particular if the condition of the (N 21. Name the item of equ	··· · · · · ·	he ACCIDENT occurring ( fting, and so on. Be specif ccurring) tachine, tool, appliance, ob;
<ol> <li>Name the particular it the condition of the (N</li> <li>Name the item of equ condition of workpl</li> <li>ature of Injury</li> </ol>	tem of equipment, object, etc. (and part thereof) which was directly responsible for t floor, the imadequate lighting, what the worker struck against, or was handling or li ame any defect or omission in the equipment, workplace, etc., which contributed to the accident o injunent, object, etc. (and part thereof) which inflicted the DIVIEN. (State the	he ACCIDENT occurring ( fting, and so on. Be specif ccurring) tachine, tool, appliance, ob;
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P. J. BROOKS, Clerk of the Executive Council.

EXPLANATORY NOTE

This note is not part of the regulations, but is intended to indicate their general effect. These regulations substitute a new employer's accident report form.

Issued under the authority of the Regulations Act 1936. Date of notification in *Gazette*: 20 December 1967. These regulations are administered in the Department of Labour.