



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

SCHEDULE

NEW FORM 3 IN FIRST SCHEDULE TO PRINCIPAL REGULATIONS

Form 3

[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 1936*

[Number] \_\_\_\_\_

**Instructions**

1. PLEASE ANSWER ALL QUESTIONS, using a typewriter, or using a ball-point pen and pressing firmly. With YES/NO answers, *delete* what does not apply.
2. Please forward each set of three forms to your Insurance Company immediately, retaining the fourth (Employer's) copy.
- The employer is also required by law to notify this accident to the Department of Labour (or other appropriate authority). If desired, the Employer's copy of this form may be used for such notification.
- If the injured worker has dependants, the worker must complete a special claim form.

**Employer**

1. Name: \_\_\_\_\_
2. Postal address: \_\_\_\_\_
3. Nature and type of business: \_\_\_\_\_
4. Place of accident—Number and Street: \_\_\_\_\_ Locality: \_\_\_\_\_

**Injured Worker**

5. Name—Mr/Mrs/Miss \_\_\_\_\_ (Christian name) \_\_\_\_\_ (Surname)
6. Address: \_\_\_\_\_
7. Occupation: \_\_\_\_\_
8. Total experience in this occupation (including with other employers): \_\_\_\_\_ years \_\_\_\_\_ months
9. AGE last birthday: \_\_\_\_\_ years. 10. Sex: \_\_\_\_\_  
(IMPORTANT: Re items 8 and 9: If not known exactly, please state as near as possible.)
11. Whether married, single, widowed, etc. (state): \_\_\_\_\_ 12. Number of dependent children: \_\_\_\_\_
13. Number of hours worked on day or shift at time of accident (including hours before meal interval if any): \_\_\_\_\_
14. Time and date of accident? \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_ 19\_\_\_\_
15. Did worker continue working after accident? YES/NO \_\_\_\_\_  
If YES, give time and date he ceased work: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_ 19\_\_\_\_
16. Has worker resumed work? YES/NO. If so, on what date? \_\_\_\_\_ 19\_\_\_\_  
If not, how long is worker likely to be away from work? \_\_\_\_\_

Description of Accident (If necessary, continue your answers in this section on a separate sheet.)

17. What was the worker doing when the accident occurred? \_\_\_\_\_
18. What happened and how did it happen? \_\_\_\_\_
19. What omission or act of any person or persons (including the injured worker) contributed to the accident? \_\_\_\_\_
20. Name the particular item of equipment, object, etc. (and part thereof) which was directly responsible for the ACCIDENT occurring (e.g., the condition of the floor, the inadequate lighting, what the worker struck against, or was handling or lifting, and so on. Be specific): \_\_\_\_\_  
(Name any defect or omission in the equipment, workplace, etc. which contributed to the accident occurring)
21. Name the item of equipment, object, etc. (and part thereof) which inflicted the INJURY. (State the machine, tool, appliance, object, condition of workplace, substance, liquid, material, or any other item): \_\_\_\_\_

**Nature of Injury**

22. Nature of injury: \_\_\_\_\_
23. Part of body affected: \_\_\_\_\_ (Describe in detail, e.g., left lower leg)
24. Doctor or hospital attended: \_\_\_\_\_
25. Medical Certificate attached—YES/NO (if not attached, please forward as soon as possible). \_\_\_\_\_

**Other Details**

26. Was accident reported by worker? YES/NO. If so, to whom? \_\_\_\_\_ and on what date? \_\_\_\_\_ at what time? \_\_\_\_\_
27. Was there in your opinion any negligence, direct or indirect? YES/NO. If so, state by whom and nature of such negligence: \_\_\_\_\_
28. Name and position of person in immediate charge: \_\_\_\_\_
29. Name(s) of witness(es): \_\_\_\_\_

**Employer-Worker Relationship**

30. Is worker a member of your family? If so, state relationship: \_\_\_\_\_
31. (a) (i) Was the worker in your employ, and on your pay sheets, and actually working for you in the course of his employment at the time of the accident? YES/NO, \_\_\_\_\_ years \_\_\_\_\_ months.  
(ii) If so, how long have you employed him? \_\_\_\_\_ years \_\_\_\_\_ months.  
(b) Was he working for some other person who had agreed to do work for you? YES/NO. If so, state name, trade and address of such other person.  
Name: \_\_\_\_\_ Trade: \_\_\_\_\_  
Address: \_\_\_\_\_

**Pay and Hours of Injured Employee**

32. (a) Gross weekly wages at time of accident (excluding overtime) . . . . . \$ \_\_\_\_\_ \$ \_\_\_\_\_
- (b) Average gross weekly earnings for past 12 months or for period of employment if less than 12 months (including overtime) . . . . . \$ \_\_\_\_\_ \$ \_\_\_\_\_
- (c) Duration of working week (excluding overtime): (i) \_\_\_\_\_ hours (ii) \_\_\_\_\_ days  
(If employed by the hour) (If employed by the day)
- (d) Ordinary rates of pay for work: \_\_\_\_\_ per hour \_\_\_\_\_ per day

**Payment of Compensation**

33. Please pay compensation: (a) Direct to worker  or (b) To employer . (Tick whichever applies)  
I will keep you advised of particulars concerning his progress or otherwise, and will inform you when he returns to work or in my opinion is capable of doing so.

Employer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ 19\_\_\_\_

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.