## Workmen's Compensation Rules FORM EE

See Rule 11

## **Report of Fatal Accidents**

То									
Sir,	r, I have the honour to submit the following report of an accident which occurred on(dated), at								
2.	The circumstances attending the death of the workman/workmen were as under:								
	(a) Time of the accident.								
	(b) Place where the accident occurred.								
	(c) Manner in which deceased was/were employed at the time								
	(d) Cause of the accident.								
	(e) Any other relevant particulars.								
	I have <i>etc</i> .  Signature and designation of person making the report								
	STATEMENT								
	Name	Sex	Age	Nature of employment	Full postal addre	SS			