

<b>To</b>	:	Contract Manager _____	
<b>c.c.</b>	:	SMS/SC / SBSE/BSM / SCE/M / SGE/M _____*	
<b>From</b>	:	Contractor _____	
		Signature by Site Agent	Signature by Safety Officer
		Name _____ (Tel: _____)	Name _____ (Tel: _____)
		Date _____	Date _____

**Urgent by Fax/Email**  
**Preliminary Report on Accident/Incident**

(To be submitted within 24 hours)

1. Contract No : \_\_\_\_\_
2. Contract Title : \_\_\_\_\_
3. Name of Contractor : \_\_\_\_\_
4. Location of Accident/Incident : \_\_\_\_\_
5. Date and Time of Accident/Incident : \_\_\_\_\_
6. Nature and Brief Account of Accident/Incident (with a sketch) : \_\_\_\_\_
7. Number of Person(s) Injured/Killed\* : \_\_\_\_\_
8. Name(s) and Age(s) of Person(s) Injured/Killed\* : \_\_\_\_\_
9. Seriousness of Injury, or Extent of Damages : \_\_\_\_\_
10. Media arrived on site:  Yes, please specify \_\_\_\_\_  No
11. Police informed:  Yes  No
12. Labour Department informed:  Yes  No
13. Probable Cause of the Accident/Incident (if established) : \_\_\_\_\_
14. Measures introduced (or to be introduced) to prevent recurrence of similar Accident/Incident on site if established : \_\_\_\_\_
15. Effect of Accident/Incident on progress of works : \_\_\_\_\_
16. Any other information/Photo record: \_\_\_\_\_

\* Delete as appropriate

Note 1

This report shall be without prejudice to the employer or insurance carrier and shall not be admitted in evidence or used in any trial or hearing before any court.