



# EMPLOYEE STATE INSURANCE CORPORATION

FORM 12 (REGULATION 68)

E.S.I. CORPORATION

ACCIDENT REPORT

**Name of Employer:** Globetech Creations Private Limited

**Code No:** 30000675570001019

**Branch Office:** BO - Gorakhpur

<b>Nature of Industry/business:</b>  <b>Address of premises where accident happened :</b>	Shop/Establishment	<b>Name of insured person:</b> MUNDAR SINGH	
	A-17 Sector 62B2 NOIDA	noida Ghaziabad Uttar Pradesh	<b>Insurance No :</b> 6720774003
			<b>Gender :</b> M
			<b>Age (Last birthday) :</b> 24
			<b>Occupation :</b> lineman
			<b>Hour at which work was started:</b> 4:00 PM
<b>Date and hour of Accident :</b>	27/04/2023 10:40 PM	<b>Shift Hour :</b> 4:00 PM-12:00 AM	<b>Submission Date :</b> 02/05/2023

**Exact place of accident :** A-17 Sector 62B2 NOIDA

**Department :** maintenance

**Location of injury : (e.g. right/left hand, leg or eye etc..)** on head,on chest,groin injury

**Date of Death in case the insured person died :** 27/04/2023  
**Dispensary/IMP of injured person:** Sec-57, Noida, UP (ESIC Disp.)

**Whether wages in full or part are payable to him for the day of accident :** Yes

**Whether the injured person was on the day accident an employee as defined in Sec 2 (9) of the Act whether contribution was payable by him/her for the day on which the accident occurred.** Yes  
**Dr. or dispensary from where injured person received or Receiving treatment :-** Fortis Hospital Sector 62 NOIDA

**Name and address of witnesses**

1. Harendra Paul Sector 62 b1	2. Panna lal khora Sector 62 b1
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<b>Nature and extent of injury (e.g. total loss of finger, fracture of leg. scald etc..)</b>	fatal loss
<b>Brief description of the accident :</b>	Injury in the mount and injury on the hand and scorched by by body current and death.
<b><u>Nature of Emergency :</u></b> <b>Note:-</b> In case the accident happened while meeting emergency. Indicate in the description above its nature and also whether the injured person at time of accident was employed for the purpose of his employer's trade or business in or about the premises which the accident took place.	DEATH DURING TREATMENT

**(a) CAUSE OF ACCIDENT**

<b>(a) State exactly what the injured person was doing at that time ?</b>	maintenance
<b>(b) Was the injured person at that time of accident acting in contravention of ?</b>	
1) the provisions of any law applicable to him or.....	No
2) any orders given by or on behalf of his employer.....	No
3) acting without instruction from his employer.....	No
<b>(c) In case reply to C (1), (2) or (3) is YES, state whether the act was done for the purpose of and in connection with the employer's trade or business :</b>	No

<b>In case the accident happened while TRAVELLING in the employer's transport, state whether the injured person was travelling.</b>	
1. as a passenger to or from his place of work	No
2. With the express or implied permission of his employer	No
3. the Transport was being operated by or on behalf of the employer or some other person by whom it is provided in pursuance of arrangements made with the employer.	No
4. The vehicle was being/not being operated in the ordinary course of public Transport service.	No
I certify that to the best of my knowledge and belief the above particulars are corect in every respect.	
<b>Date of despatch of report</b>	<b>Signature</b>
<b>To</b>	<b>Designation (With stamp)</b>
<b>Diary No. &amp; Date</b>	<b>Branch Office Manager</b>