

15. If taken to hospital please state:- / <i>Jika dibawa ke hospital, nyatakan:-</i> (a) Name of hospital / <i>Nama hospital</i> (b) Whether still in hospital / <i>Sama ada masih di hospital</i> (c) Whether in or out patient or if discharged date of discharge / <i>Sama ada diberi rawatan dalam atau pesakit luar atau jika dischaj, nyatakan tarikh dischaj.</i>	
16. If not taken to hospital, please state whether being medically attended and if so by whom / <i>Jika tidak dibawa ke hospital, nyatakan sama ada diberi rawatan dan jika ya, oleh siapa?</i>	
17. Was the injured person free from Physical Infirmity at the time of accident? If not give particulars / <i>Adakah orang tercedera bebas daripada penyakit fizikal pada masa kemalangan? Jika tidak, berikan keterangan.</i>	
18. Please state whether returned to work, and if so, when? / <i>Nyatakan sama ada telah kembali bekerja dan jika ya, bila?</i>	
19. Are you satisfied the injured person has met with a bona-fide accident of employment? / <i>Adakah Majikan yakin dia tercedera semasa dalam pekerjaan?</i>	
20. Is the injured person able to do partial work? / <i>Adakah orang tercedera mampu membuat kerja separa?</i>	
21. What is the probable period of disablement (approximate)? / <i>Apakah jangkaan jangkamasa ketidakupayaan?</i>	

THE ACCIDENT / KEMALANGAN

22. As regards the accident please state / <i>Sila nyatakan mengenai kemalangan</i>	Date / <i>Tarikh</i> : Time / <i>Masa</i> : Place / <i>Tempat</i> : Date ceased work / <i>Tarikh berhenti bekerja</i> :
23. Upon what date did you receive notice of the accident and from whom? / <i>Pada tarikh apakah Majikan menerima maklumat tentang kemalangan?</i>	
24. Was anyone superintending the work the injured employee was engaged upon? If so, please state name / <i>Adakah sesiapa mengawal pekerja pada masa kejadian? Jika ya, nyatakan nama.</i>	
25. a) How exactly did the accident occur?(If the space is insufficient, please write on separate sheet) / <i>Bagaimana kemalangan berlaku? (sekiranya ruang tidak mencukupi, sila tulis dalam lampiran berasingan)</i> b) Has a report been made to the Labour Department? / <i>Sudahkah laporan dibuat kepada Jabatan Buruh?</i>	
26. If the injury was caused by the machinery or gearing: <i>Jika kecederaan disebabkan oleh mesin:</i> (a) Whether it was fenced or guarded / <i>Sama ada ianya berpagar atau dikawal</i> (b) Was it being cleaned whilst in motion? / <i>Adakah ia sedang dibersihkan sewaktu operasi?</i>	

27. What was the general nature of the contract or work going on?/ <i>Apakah jenis perkerjaan yang sedang dilakukan?</i>	
28. State nature and region of injury / <i>Nyatakan kecederaan dan bahagian yang cedera</i>	
29. Was the injured person under the influence of drink or drugs at the time of the accident?/ <i>Adakah orang yang tercedera di bawah pengaruh alkohol ataupun dadah pada masa kemalangan?</i>	
30. Was the injured person guilty of any misconduct or disobedience to orders or rules? If so, please provide full particulars. / <i>Adakah orang yang tercedera bersalah atas kecuaiian atau tidak mengikut arahan? Jika ya, sila terangkan.</i>	
31. State through whose neglect the accident occurred, if any./ <i>Nyatakan pihak yang bersalah dalam kemalangan ini, jika ada.</i>	
32. State the names of any person who witnessed the accident. / <i>Nyatakan nama sesiapa yang menjadi saksi kepada kemalangan tersebut.</i>	
33. Is the injured person a SOCSO member? If so, has a claim been made against SOCSO?/ <i>Adakah orang yang tercedera ahli SOCSO? Jika ya, adakah tuntutan pampasan dibuat terhadap SOCSO?</i>	

WAGES STATEMENT / PENYATA GAJI

The purpose of the figures to be given below is to enable calculation of the amount of compensation due. It is essential, therefore, that the figures should be as accurate as possible./

Tujuan angka-angka diberi di bawah adalah untuk membolehkan pengiraan jumlah pampasan yang patut diterima. Ia adalah penting, bahawa angka-angka adalah paling tepat yang mungkin.

The figures, in view of the provisions of the Workmen's Compensation laws, require to be based upon the circumstances of the workman's employment. There are three sets of circumstances, with corresponding variations in the basis of calculation, as follows: /

Angka-angka mengikut peruntukan undang-undang pampasan pekerja hendaklah berdasarkan keadaan pekerjaan pekerja. Wujud tiga set keadaan pekerjaan dengan perbezaan yang menjadi dasar pengiraan, seperti berikut:

- (1) Where the workman has been employed by you continuously for not less than 6 months immediately preceding the accident – the figures to represent wages etc. received from you during those 6 months: /
Di mana pekerja diambil bekerja oleh anda secara berterusan selama tidak kurang daripada 6 bulan sejurus sebelum kemalangan angka-angka hendaklah mewakili gaji yang diterima daripada anda semasa 6 bulan itu.
- (2) When the injured workman has not been employed by you continuously for more than 6 months, but there has been another workman employed by you for 6 months on the same work, then figures should be given for this second workman: /
Apabila pekerja diambil bekerja secara berterusan oleh anda selama kurang daripada 1 bulan sejurus sebelum kemalangan angka- angka hendaklah mewakili gaji yang patut diterima oleh pekerja selama 6 bulan dalam pekerjaan yang sama di bawah anda:
- (3) Where the injured workman has not been employed by you continuously for more than 6 months, and no similar work man has been so engaged, then figures should be given for a workman in similar employment in your locality.
Di mana pekerja diambil bekerja oleh anda secara berterusan melebihi 1 bulan tetapi kurang daripada 6 bulan sejurus kemalangan – angka-angka hendaklah mewakili gaji yang diterima oleh pekerja sewaktu jangka masa berterusan yang lampau beliau bekerja di bawah anda – Nyataka berapa hari dalam jangkamasa berkenaan.

MEDICAL CERTIFICATE / PERAKUAN PERUBATAN

WORKMEN'S COMPENSATION ORDINANCE 1952 / AKTA PAMPASAN PEKERJA 1952
(For completion of form see notes overleaf / Untuk mengisi borang, rujuk nota di belakang)

Name / Nama: Sex / Jantina:

Occupation / : NRIC No. / :
Pekerjaan Passport No.

No. K/P ./ :
No. Paspot

I, the undersigned Medical Officer / Practitioner, understand that the above claimant is making a claim for compensation under the Workmen's Compensation Ordinance, and having examined the said claimant, I hereby certify that: /

Saya, Pegawai / Pengamal Perubatan yang bertandatangan di bawah ini mendapat tahu bahawa pihak menuntut di atas ada membuat suatu tuntutan pampasan di bawah Akta Pampasan Pekerja dan setelah memeriksa pihak menuntut tersebut, saya dengan ini memperakui bahawa:

- 1) To the best of my belief the claimant is years of age. /
Sepanjang yang saya percayai pihak menuntut itu berumur Tahun.
- 2) The claimant is suffering from the following disease or disability: /
Pihak menuntut mengidap penyakit atau hilang upaya seperti berikut:
.....
.....
.....

3) In my opinion, the claimant has sustained the following degree of disablement as a result of an occupational accident /
Pada pendapat saya pihak menuntut telah menanggung had hilang upaya yang berikut disebabkan oleh kemalangan dalam pekerjaan itu.

- a. () Temporary total disablement which is estimated to last fromto.....
Hilang upaya kekal sementara yang dianggarkan akan ditanggung dari hingga
- b. () Temporary partial disablement which is estimated to last fromto
and during which period light duty if available, is recommended./
*Hilang upaya separa bagi sementara yang dianggarkan akan ditanggung dari
hingga dan dalam tempoh itu kerja ringan adalah disyorkan, jika ada.*
- c. () No permanent disablement /
Tiada apa-apa hilang upaya kekal.
- d. () Permanent total disablement caused by /
Hilang upaya langsung yang kekal disebabkan oleh.....
.....
- e. () Permanent partial disablement as listed in First Schedule of the Ordinance /
Hilang upaya separa yang kekal sebagaimana yang disenaraikan dalam Jadual Pertama Akta
- f. () Permanent partial disablement in the form of physical impairment described hereunder: /
Hilang upaya separa yang kekal jenis kelemahan anggota yang diperihalkan di bawah ini:
.....
.....

Signature /
Tandatangan:

Date /
Tarikh:

Name / Name: