



Tuvalu

**WORKMEN'S COMPENSATION
(ACCIDENT AND OCCUPATIONAL
DISEASE) RETURN REGULATIONS**

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CAP. 40.72.1



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WORKMEN'S COMPENSATION (ACCIDENT AND OCCUPATIONAL DISEASE) RETURN REGULATIONS

MADE UNDER SECTION 32 OF THE WORKMEN'S COMPENSATION ACT¹

1 Citation

These regulations may be cited as the Workmen's Compensation (Accident and Occupational Disease) Return Regulations.

2 Time within which employer required to furnish return

Within 7 days of any employer becoming aware of any accident or disease which causes death to any of his workmen or any injury incapacitating such a workman for a period exceeding 3 days from carrying out the work on which he was employed, such employer shall furnish to the Commissioner of Labour a return of such accident or disease, which return shall be complete and accurate in every particular and shall be in the form prescribed in the Schedule.

3 Return may be sent by post

Any person required by these regulations to furnish any return to the Commissioner of Labour may post such return by registered post addressed to the Commissioner of Labour at Funafuti, and for the purpose of these regulations the time at which any such return is so posted shall be deemed to be the time at which such return is furnished.

SCHEDULE

(Regulation 2)

RETURN OF ACCIDENT/OCCUPATIONAL DISEASE

(PURSUANT TO THE WORKMEN'S COMPENSATION (ACCIDENT AND OCCUPATIONAL DISEASE) RETURN REGULATIONS)

The following particulars are reported of an accident/occupational disease which caused to a workman death/injury, incapacitating him from earning full wages for a period of more than 3 days on the work on which he was employed —

1. Employer —

(i) Name.....

(ii) Address.....

(iii) Trade/Occupation.....

(iv) Name and address of Insurance
Company (if insured against
accident or occupational disease to
workman)

2. Workman —

(i) Name.....

(ii) Sex.....

(iii) Age.....

(iv) Occupation.....

(v) Address.....

(vi) Any identity particulars.....

3. Accident/Occupational Disease —

(i) Date and time (of accident).....

Date of onset (of disease).....

(ii) Circumstances in which accident/disease
occurred (if accident was due to machinery give
details of part or parts causing accident)

(iii) Particulars of injury/disease as known to the employer.....

.....
(iv) Particulars of medical attention and where given.....
.....

4. Earnings – (Average per month calculated over the past 12 months or of such lesser period as the workman has been employed):

Rate of wages.....

Other allowance or regular payment (e.g. bonus, overtime, etc.)

Value of food.....

Value of housing.....

Total earnings per month.....

Date.....

.....

Signature of Employer

TO BE SENT WITHIN 7 DAYS OF ACCIDENT TO:

The Commissioner of Labour,

Government Offices,

Funafuti.

ENDNOTES

¹ LN 3/1969