



# EMPLOYEE STATE INSURANCE CORPORATION

FORM 12 (REGULATION 68)

E.S.I. CORPORATION

ACCIDENT REPORT

**Name of Employer:** INDO SCULP AUTO COMP PRIVATE LIMITED

**Code No:** 36000033400000699

**Branch Office:** DCBO - Ahmednagar

<b>Nature of Industry/business:</b>	Factory	<b>Name of insured person:</b> PRASHANT VIJAY GAWALI	
		<b>Address of insured person:</b>	<b>Insurance No :</b> 3600916188
<b>Address of premises where accident happened :</b>	INDO SCULP AUTO COMP PRIVATE LIMITED, A-67, MIDC, AHMEDNAGAR-414111.	S/O Vijay Gawali, Shingve Tukai, Ahmednagar, Ahmednagar Maharashtra 414607	<b>Gender :</b> M
			<b>Age (Last birthday) :</b> 24
<b>Date and hour of Accident :</b>	15/12/2023 5:03 PM		<b>Occupation :</b> WIREMAN
			<b>Hour at which work was started:</b> 9:00 AM
			<b>Shift Hour :</b> 9:00 AM-5:30 PM
			<b>Submission Date :</b> 16/12/2023

**Exact place of accident :** INDO SCULP AUTO COMP PRIVATE LIMITED

**Department :** MAINTENANCE(GDC DEPT)

**Location of injury : (e.g. right/left hand, leg or eye etc..)** LEFT HAND

**Date of Death in case the insured person died :** Not Applicable **Dispensary/IMP of injured person:** Satpur, MH (ESIS 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 :-** APEX HOSPITAL, OPP. DAULE HOSPITAL, NAGAR-MANMAD ROAD, SAVEDI, AHMEDNAGAR-414003.

### Name and address of witnesses

1. NIKHIL BHARAT PAWAR OPP. KAKA SAHEB MHASAKE SCHOOK, NEAR DHANVANTARI HOSPITAL, AMBEDKAR CHOWK, BOLHEGAON, MIDC, AHMEDNAGAR-414111.	2. NITESH RAJENDRA DONGARE AT PO-NIMGAON WAGHA, TAL-NAGAR, AHMEDNAGAR-414005.
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<b>Nature and extent of injury (e.g. total loss of finger, fracture of leg. scald etc..)</b>	LOSS OF INDEX FINGER UPPER SIDE
<b>Brief description of the accident :</b>	IP WAS HANDLING GDC MACHINE(TILTING CYLINDER), DURING THE HANDLING HIS LEFT HAND INDEX FINGER)UPPER SIDE) HAS INJURED.
<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.	

**(a) CAUSE OF ACCIDENT**

<b>(a) State exactly what the injured person was doing at that time ?</b>	IP WAS HANDLING GDC MACHINE(TILTING CYLINDER)
<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 correct in every respect.

Date of despatch of report

Signature

To

Designation (With stamp)

Diary No. & Date

Branch Office Manager