



Tuvalu

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

L.N. 3/69



Tuvalu

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

Arrangement of Sections

Section

1	Citation.....	5
2	Time within which employer required to furnish return.....	5
3	Return may be sent by post.....	5

SCHEDULE **7**

RETURN OF ACCIDENT/OCCUPATIONAL DISEASE	7
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Supporting Documents

ENDNOTES **9**

Table of Legislation History	9
Table of Renumbered Provisions	9
Table of Endnote References	9



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WORKMEN'S COMPENSATION ORDINANCE

ENACTED BY THE PARLIAMENT OF TUVALU

Commencement [Date]

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/Occupation 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

Table of Legislation History

Legislation	Year and No	Commencement

Table of Renumbered Provisions

Original	Current

Table of Endnote References