

## INSTRUCTIONS for Notification of Accidents at Work concerning Seafarers and Fishermen

According to the Workers' Compensation Act an accident at work is an injurious event caused by an event or action, which occurs spontaneously or within 5 days in immediate connection with work.

### Purpose

The notification has 2 purposes: Compensation under the Workers' Compensation Act as well as prevention and inspection under the Safety at Sea Act. Normally, the notification is sent to the employer's insurance company as well as to the Danish Maritime Authority concurrently. Accidents at sea with personal injury have to be reported as well.

See page 4 on information on the duty of notification on behalf of the employer and the master of the ship.

Occupational diseases are reported by doctors and dentists on a special form.

Notification can take place electronically ([www.soefartsstyrelsen.dk](http://www.soefartsstyrelsen.dk)) or by way of this form.

When the accident has taken place in connection with loading and unloading in a Danish port or at a shipyard in Denmark, the notification has to be sent to the Danish Energy Agency and not to the Danish Maritime Authority. This also applies when crew members are affected.

Accidents which occur on offshore installations in Danish subsoil are to be reported to the Danish Energy Agency. However, when the accident occurs on a Danish registered mobile offshore installation during voyage or towage, the Danish Maritime Authority has to be notified.

### This is how you fill in the form

Please use a ballpoint pen (preferably block letters) or a typewriter.

- A. For persons who do not have a Danish identification (CPR) number, state date of birth.  
**Designation of occupation** is usually the same as stated in the Safe Manning Document. State the time of accident in numbers and the hours in 00 – 24 local time.
- B. State here the name of the shipping company and the *SE number* applicable to the ship or the injured person's employer.  
Only fill in *employer's insurance company, policy number and injured person's annual income at the time of the accident* if you are the injured person's employer and the injured person wished to claim compensation (also see part F of the form).  
The *annual income* is the injured person's earned income in the year preceding the accident at work.
- C. Under **type of job** please describe the kind of work that the injured person performs in particular, e.g. work on deck or in machinery spaces, fishing, etc.

D. It is important that you describe **the sequence of events** in such a way that the following clearly appears:

- 1) What was the injured person doing when the accident occurred? And what kind of tool or machine was being used?  
For example: "Working with mooring of line upon arrival"  
"Work with recovery of fishing gear".
- 2) What went wrong when the accident happened? And what kind of tool, machine or burden was involved?  
For example: "The line broke", "The fishing vessel took a lurch".
- 3) In what ways was the person injured? And what kind of tool, machine or burden was involved?  
For example: "The injured person's legs were hit by the line"  
"The hand was squeezed between drum and net".

You may give a complete description of the whole sequence of events, but please remember to answer all 3 questions.

Only use one X when marking type of injury and injured part of body respectively. In case of several injuries, please mark the most serious injury with an X.

**Reportable accidents under the Workers' Compensation Act** (to be reported to the insurance company, where the compulsory industrial insurance is taken out) are to be marked.

**Reportable accidents under the Safety on Sea Act**, the following has to be marked:

Reportable accident:

1. If the accident has led to incapacity for work for 1 day or more following the date of the injury (Lost time accident (LTA)), under here the duration of the incapacity, e.g.

- if the incapacity for work has lasted 1-3 days,
- if the incapacity for work has lasted over 3 days, or
- if the incapacity for work has lasted more than 5 weeks, or
- if the injured person is deceased/had died?

2. If the accident causes the person to be unable to carry out his normal job for 1 day or more following the date of injury (Restricted work accident (RWA)),

or a non-reportable accident:

3. Wishing to report another accident, which is not covered in point 1 or 2.

### Print out 5 copies and send to the following:

- Copy 1** Is for The Danish Maritime Authority, Fjordvænget 30, 4220 Korsør.
- Copy 2** Is for the insurance company of the shipping company, if the injured person wishes to claim compensation under the "Workers' Compensation Act". If no insurance is taken out the copy is to be sent to Labour Market Insurance. A medical certificate can be found on [www.aes.dk](http://www.aes.dk)
- Copy 3** Is for the injured person
- Copy 4** Is for the safety organisation of the ship or, for fishing vessels, for the port safety committee. The reverse side is for the safety organisation's/port safety committee's investigation of the accident.
- Copy 5** Is for the shipping company/employer



**Fiskernes Forsikring G/S**  
Platanvej 12  
DK-1810 Frederiksberg C  
Telephone: 33 21 83 11



**The Danish Shipowners' Accident Insurance Association**  
Amaliegade 33, B  
DK-1256 København  
Telephone: 33 13 86 88



**Danish Maritime Authority**  
Fjordvænget 30  
DK-4220 Korsør  
Telephone: 72 19 60 00

# Notification of accident at work concerning seafarers and fishermen

## A Injured person

Name:	Maritime <input type="checkbox"/> Fisheries <input type="checkbox"/>	Personal identification (CPR) no./date of birth           -
Address:	Postal code:	Municipality of residence:
Mail:	Telephone:	
Time of accident: Day Month Year Hour 	Nationality:	

## B Injured person's employer at the time the accident occurred

Name of shipping company/shipping business:	CVR-number:	Phone number: 
Address:	Postal code:	Injured person's date of employment:
Ship's name – signal letters/port registration number:	SE-no.:	Does the injured receive DIS income? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer's insurance company (to be filled in where employer notifies the accident):	Policy no.:	The injured person's approx. annual income at the time of accident:

## C Type of job

Job title held at the time of the accident:
---

## D Sequence of events

**Describe:**  
The act the injured person was carrying out when the accident happened as well as the tool or machine used,  
\_\_\_\_\_  
The event that led to the injury and the tool, machine, or burden that was involved,  
\_\_\_\_\_  
The way in which the injury happened, and the tool, machine, or burden that caused the accident.  
\_\_\_\_\_

Place where the injury happened:	Deck <input type="checkbox"/> Cargo hold <input type="checkbox"/>	Accommodation <input type="checkbox"/> Engine room <input type="checkbox"/>	Galley <input type="checkbox"/> Tank <input type="checkbox"/>	Rig/mast/crane <input type="checkbox"/> Access routes <input type="checkbox"/>	On shore <input type="checkbox"/> Out board <input type="checkbox"/>	Other <input type="checkbox"/>	Where was the ship? At sea <input type="checkbox"/> Anchored <input type="checkbox"/> Alongside <input type="checkbox"/>
----------------------------------	--	--	--	---	---	--------------------------------	--

## E Information on the injury and its consequences

<b>Type of injury (mark with only ONE x):</b> 01 <input type="checkbox"/> Soft tissue injury (blows, bruises) 02 <input type="checkbox"/> Cerebral concussion/ internal lesions 03 <input type="checkbox"/> Wound injury 04 <input type="checkbox"/> Lost part of body 05 <input type="checkbox"/> Compound fracture 06 <input type="checkbox"/> Closed fracture 07 <input type="checkbox"/> Joint dislocation 08 <input type="checkbox"/> Sprain, distortion, overstraining 09 <input type="checkbox"/> Asphyxiation, drowning 10 <input type="checkbox"/> Poisoning 11 <input type="checkbox"/> Heat or cold injury 12 <input type="checkbox"/> Caustic burn 13 <input type="checkbox"/> Radiation 14 <input type="checkbox"/> Electric shock 15 <input type="checkbox"/> Injury not established 16 <input type="checkbox"/> Other (describe below)	<b>Type of injury (mark with only ONE x):</b> 01 <input type="checkbox"/> Head, except eyes 02 <input type="checkbox"/> Eyes 03 <input type="checkbox"/> Neck 04 <input type="checkbox"/> Back, spine 05 <input type="checkbox"/> Chest, chest organs 06 <input type="checkbox"/> Abdomen, abdominal organs 07 <input type="checkbox"/> Shoulder, upp. arm, elbow joint 08 <input type="checkbox"/> Forearm, wrist 09 <input type="checkbox"/> Hand, carpus 10 <input type="checkbox"/> Fingers, one or more 11 <input type="checkbox"/> Hip joint, thigh, knee cap 12 <input type="checkbox"/> Knee joint, lower leg, bunions 13 <input type="checkbox"/> Foot, ankle 14 <input type="checkbox"/> Toes, one or more 15 <input type="checkbox"/> Extensive parts on body 16 <input type="checkbox"/> Other (describe below)
---	---

Give a more detailed description of the injury and state injured part of body
---

<b>Accident requiring notification to the company's insurance company, according to the Act on Insurance Against the Consequences of Industrial Injuries</b> , where the company has acquired the Insurance Against the Consequences of Industrial Injuries required by law.	Yes <input type="checkbox"/> No <input type="checkbox"/>
--	--

<b>Accident requiring notification to the company's insurance company, according to the Law on Sea Safety:</b> 1. <input type="checkbox"/> The accident has led to incapacity to work for 1 day or more in excess of the date of injury Expected incapacitation: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1 - 3 days over 3 days over 5 weeks Deceased 2. <input type="checkbox"/> The accident has led to the injured person not being able to carry out his normal job for 1 day or more in excess of the date of injury
--

<b>Accident not requiring notification:</b> 3. <input type="checkbox"/> Wishing to report another accident, which is not covered in point 1 or 2.
--

<input type="checkbox"/> Signed off due to illness/reported sick on shore	<input type="checkbox"/> Remained on board
---	--

## F Information on the notifying person

The notifying person is: <input type="checkbox"/> Employer/shipping co. <input type="checkbox"/> Master <input type="checkbox"/> Doctor/dentist <input type="checkbox"/> Injured person <input type="checkbox"/> Other	Stamp, phone number and contact person	Date	Notifying person's signature
<b>Remember to stamp all pages</b>			

# For to be used for the safety group's and port safety committee's investigation of the accident (or poisoning)

Specify the scene of the accident (make a sketch, for example). Talk to the injured person and all witnesses as soon as possible and get their immediate description of the accident and the circumstances that led to the accident

Describe the course of events by means of statements made by the injured person and witnesses:


## Was the accident influenced by any of the following factors:

Technical matters: Maintenance, operating difficulties, safety measures and machinery protection etc. If this is the case, which factors and how?


Work environment conditions: Light, noise, dust, smoke, gases and fumes, strong heat or cold, untidiness etc. If this is the case, which factors and how?


The work situation: Work processes and methods, untidiness, machinery failure, maintenance and personal protective equipment etc. If this is the case, which factors and when?


The investigation furthermore showed the following factors that may be presumed to have contributed to the accident (for instance human acts, influence by other working processes or deficient instructions):


## The safety group's suggestions for preventive measures:

The safety committee's/port safety committee's suggestions for preventive measures:


The following measures have been taken:


Date: \_\_\_\_\_ The safety group:

Date \_\_\_\_\_ The safety committee:

Date \_\_\_\_\_ The port safety committee:

# Information on the duty of notification and the possibility of compensation etc.

## The injured person is intitled to report!

The injured person is always entitled to report an accident at work to Labour Market Insurance. The time limit is 1 year from the date of the accident. Dispensation can be given if excusable circumstances exist.

## The master's duties under the Act on Safety at Sea

Under the Act on Safety at Sea and notifications from the Danish Maritime Authority A, chapter X, paragraph A, the master of the ships has to report accidents at work and poisoning:

1. In the event of death.
2. If the accident causes incapacity for work for 1 day or more following the date of the injury (Lost time accident - LTA).
3. If the accident causes the injured person not being able to carry out his normal job for 1 day or more following the date of the injury (Restricted Work accident - RWA) (partial incapacitated).

The incapacity for work does not necessarily have to be directly connected to the date of accident. Accidents exist, where the injury arise delayed (e.g. poisoning, lifting injury etc.).

That the injured person has not been able to carry out his normal job (RWA) include e.g. that the injured person:

- is able to perform normal duties, but for a shorter duration than planned,
- is able to perform a limited part of the normal duties, but for the entire duration of the watch, or
- is transferred to other duties.

The accident at work has to be reported to the Danish Maritime Authority as soon as possible, however not later than 14 days after the first day of work incapacity or partial work incapacity.

All deaths on board Danish ships at sea or in foreign ports must immediately be reported to the Commissioner of Copenhagen Police on telephone +45 33 14 14 48 (Department A).

All accidents at sea and serious accidental injuries on board Danish ships or in foreign ports must immediately be reported to the Danish Maritime Accident Investigation Board (DMAIB) on telephone +45 39 17 44 00 or outside office hours on telephone +45 23 24 23 01 ([www.dmaib.dk](http://www.dmaib.dk))

## The employer's duties under the Workers' Compensation Act (WCA)

The employer has to report accidents at work to the insurance company, where the compulsory industrial insurance is taken out, not later than 14 days after the accident, if the injury is expected to result in benefits (compensation etc.) under the Act (WCA).

In addition, the employer has a duty to report all accidents at work, which causes more than 5 weeks of absence from work due to illness. These accidents must be reported not later than 14 days after the 5 weeks have passed.

In the event of death, the employer has to inform Labour Market Insurance within 48 hours on telephone +45 72 20 60 00.

If you have any questions, please feel free to call Labour Market Insurance, phone no.: +45 39 17 77 00 or the Danish Maritime Authority, phone no.: +45 72 19 60 00

## Special provisions for dental injuries and damage to eyeglasses not involving personal injury

Damaged eyeglasses and dental injuries which do not cause incapacity for work *beyond the date of injury* are not to be reported to the Danish Maritime Authority.

The employer has to report dental injuries on this form to his insurance company or Labour Market Insurance. The dentist uses a special form which is available from Labour Market Insurance, the Danish Dental Association, and the insurance companies.

Damage to glasses/contact lenses which does not at the same time lead to personal injury has to be reported by the employer to the insurance company or Labour Market Insurance on a special form which is available from both places.

## What benefits (compensation etc.) can you get?

If the industrial injury has been recognized under the Workers Compensation Act, it is possible to obtain the following:

- payment of medical treatment, damaged eyeglasses etc.,
- compensation for loss of earning capacity,
- compensation for permanent injury,
- transitional allowance in the event of death, or
- compensation for survivors in the event of industrial injuries causing death.

## Consent to notification in regarding compensation.

Notification of an accident at work does not require the injured person's consent. However, subsequently the injured person can always ask the Board of Industrial Injuries to refrain from *handling* the case. If copy no. 2 of the notification is sent to employer's insurance company or to the Board of Industrial Injuries, the injured person has declared that the case is reported with the wish to claim compensation under the Workers' Compensation Act.

## What is the information used for?

The information is used to improve safety and health and The Danish Maritime Authority registers all notifications, including information on the cause, consequences and background of the accident. The Danish Maritime Authority utilizes the information in its effort to improve safety and health on board ships and the like.

**Compensation for industrial injuries:** Initially, the employer's insurance company assesses the notification and decides whether to reimburse expenses towards treatment, medicine etc. If the injured person disagrees on the reimbursement the case is sent to the Board of Industrial Injuries. If the insurance company assesses that the accident causes a permanent injury, the case is sent to the Board of Industrial Injuries, which decide if the accident is covered by the Act and if the injury entitles the person in question to compensation.

The employer's insurance company disburses any benefits (compensation etc.) under the Workers' Compensation Act.