

GUIDE TO NOTIFICATION OF ACCIDENTS AT WORK CONCERNING SEAFARERS AND FISHERMEN

According to the Workers' Compensation Act, an accident at work is a personal injury caused by an incident or exposure that occurs suddenly or within 5 days in connection with work.

Purpose

Reporting has two purposes: Compensation under the Workers' Compensation Act and prevention and control under the Act on Safety at Sea.

Usually, therefore, an accident has to be reported simultaneously to the employer's insurance company and the Danish Maritime Authority (Søfartsstyrelsen). Accidents at sea involving personal injury also have to be reported.

See the back of this form regarding rules for reporting and the employer's and master's duty to report accidents.

Work-related diseases are to be reported by doctors or dentists by way of a special form.

It is possible to report electronically to the Danish Maritime Authority (www.sofartsstyrelsen.dk) and to Labour Market Insurance or by way of this form.

If it occurs in connection with loading and unloading in a Danish port or work in a shipyard in Denmark, the accident has to be reported to the Working Environment Authority (Arbejdstilsynet) and not to the Danish Maritime Authority. This also applies to crew members.

Accidents occurring on offshore structures on Danish shelf are to be reported to the Danish Energy Agency (Energistyrelsen).

However, if it occurs on a mobile offshore structure registered in Denmark, during sailing or towing, the accident has to be reported to the Danish Maritime Authority.

How to fill in the form

- A. For persons without a Danish ID (CPR) number, state date of birth.
Position is usually manning position. For fishermen also state position on board. State time of accident in numbers, 00-24 local time.
- B. State name and CVR/SE number of the shipping company to which the vessel belongs or the undertaking where the injured person is employed. Fill in **employer's insurance company, policy number and the injured person's earned income in the year prior to the injury** only if you are the injured person's employer and if the claim is to be processed with a view to any compensation.
- C. Under **type of job** state the injured person's job on the date of the accident.
- D. It is important to describe the **sequence of events** in such a

way that the following information appears clearly.

1. What was the injured person doing at the moment when the accident happened?
And what tool or machine, if any, was used?
For example: "Mooring of hawser on arrival"
"Work with salvage of fishing tools"
2. What went wrong at the moment of the accident? And what tool, machine or burden, if any, was involved?
For example: "The hawser broke"
"The fishing vessel suddenly lurched"
3. How did the injured person get injured? And what tool, machine or burden, if any, was the cause of the injury?
For example: "His legs were hit by the hawser"
"His hand was squeezed between drum and net"

One description of the whole sequence of events is allowed, but remember that all three questions need to be answered.

E. Mark with one X only the nature of the injury and the injured part of the body respectively. In the event of multiple injuries, mark with an X the most severe injury.

For accidents requiring notification to the insurance company under the Workers' Compensation Act (the insurance company that provides statutory industrial injuries insurance), mark with an X next to Yes or No.

For accidents requiring notification under the Act on Safety at Sea, mark with an X the following:

Accident requiring notification:

1. Whether the accident has resulted in incapacity for work for one day or more in excess of the date of the injury ("Lost time accident"/LTA), including the duration of the incapacity for work, i.e.

- incapacity for work for 1-3 days,
- incapacity for work over 3 days, or
- incapacity for work over 5 weeks, or
- the injured person is deceased

2. Whether the accident has resulted in the person in question not being able to perform their usual work for one day or more in excess of the date of the injury ("Restricted work accident"/RWA),

or

accident not requiring notification:

3. Another accident to be reported which is not covered by 1 or 2 above.

Print five copies and send them to the following recipients:

- Copy 1** Send to the Danish Maritime Authority, Carl Jacobsens Vej 31, DK-2500 Valby.
- Copy 2** Send to the employer's insurance company if the injury is reported with a view to any compensation under the Workers' Compensation Act. If there is no insurance policy, this copy must be sent to Labour Market Insurance (Arbejdsmarkedets Erhvervssikring). If the injury is not reported with a view to compensation under the Workers' Compensation Act, do not send this page. A medical certificate form can be found on www.aes.dk
- Copy 3** Is for the injured person.
- Copy 4** Is for the vessel's safety organisation or, for fishing vessels, for the port safety committee.
The back is for the investigation of the accident performed by the safety group/the port safety committee.
- Copy 5** Is for the shipowners/the employer.



Ulykkesforsikringsforbundet
for dansk Fiskeri
Platanvej 12
DK-1810 Frederiksberg C
Telefon: 33 21 83 11



Ulykkesforsikringsforbundet
for dansk søfart
Amaliegade 33, B
DK-1256 København
Telefon: 33 13 86 88



The Danish Maritime
Authority
Carl Jacobsens Vej 31
DK-2500 Valby
Telefon: 91 37 60 00

Notification of accident at work concerning seafarers and fishermen

A – Injured person

Name:	Maritime <input type="checkbox"/> Fishing <input type="checkbox"/>	Personal ID (CPR) no./date of birth -
Address:	Postal code:	Municipality of residence
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 and signal letters/port registration number	SE-no.:	Does the injured person receive DIS income? Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer's insurance company (to be filled in where employer reports the accident):	Policy number:	Injured person's approximate annual earned income at the date of the accident:
Regarding fishing vessels – state type of fishing at the time of the accident: Trawling <input type="checkbox"/> Net fishing <input type="checkbox"/> Seining <input type="checkbox"/> Other <input type="checkbox"/>		

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"/>	Galley <input type="checkbox"/> Tank <input type="checkbox"/>	Rig/mast/crane <input type="checkbox"/> Access <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"/> In port <input type="checkbox"/>
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E – Information on the injury and its consequences

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

Accident requiring notification to the company's insurance company , according to the Workers' Compensation Act, where the company has acquired the industrial injuries insurance required by law:	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Accident requiring notification to the company's insurance company according to the Act on Safety at Sea:

1. The accident has led to incapacity for work for 1 day or more in excess of the injury date. Expected incapacitation: dddddd 1 - 3 days over 3 days over 5 weeks dead

2. 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 injury date

Accident not requiring notification:

3. Wishing to report another accident not covered by 1 or 2 above

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, if any	
Remember to stamp all pages		Date _____ Notifying person's signature _____

- Copy 1 for the Danish Maritime Authority (Søfartsstyrelsen)
- Copy 2 for the insurance company/Labour Market Insurance (Arbejdsmarkedets Erhvervsikring)
- Copy 3 for the injured person
- Copy 4 for the vessel safety organisation/port safety committee
- Copy 5 for the shipping company/the employer

Do not complete this form – enclose it for use by the safety group/port safety committee in their investigation of the accident (or poisoning)

Get an overview of the place of the accident (make a sketch, for instance). Talk to the injured person and all witnesses as soon as possible and get their immediate description of the accident and the circumstances leading to the accident.

Describe the sequence of events, using the explanations put forward by the injured person and witnesses:

Was the injured person affected by:

- technical factors: maintenance, operating difficulties, safety measures and machine protection etc. If yes, which factors and how?
- working environment factors: lighting, noise, dust, smoke, gases and vapours, strong heat or cold, disorderliness etc. If yes, which factors and how?
- the work situation: working processes and methods, disorderliness, machine failure, maintenance, and personal protection etc. If yes, which situation and how?

The investigation furthermore showed the following factors that may be assumed to have contributed to the accident (for instance human acts, influence from other work processes, and lack of instructions):

The safety group's suggestions for preventive measures:

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

The following measures were taken:

Date:	Safety group:
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Date:	Safety committee:
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Date:	Port safety committee:
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Information on duty of notification and the chances of getting benefits etc.

The injured person's right to report a claim

The injured person is entitled to report anytime an accident at work to Labour Market Insurance (Arbejdsmarkedets Erhvervssikring). The time limit is one year from the date of the accident. It is possible to disregard the time limit under pardonable circumstances.

The master's obligations under the Act on Safety at Sea

Under the Act on Safety at Sea and Messages from the Danish Maritime Authority, Chapter X A, the ship's master must report accidents at work and cases of poisoning to the Danish Maritime Authority when:

1. There is a death.
2. The accident has resulted in incapacity for work for one day or more in excess of the day when the injury occurred (lost time accident/LTA).
3. The accident has resulted in the injured person being unable to perform his/her usual work for one day or more in excess of the day when the injury occurred (restricted work accident/RWA) (partial incapacity for work).

Incapacity for work does not necessarily have to be in immediate connection with the date of the accident. There may be types of accidents where the injury is delayed (for instance poisoning, lifting injuries, etc.)

Being unable to perform his/her usual work (RWA) may include situations where the injured person

- is able to perform his usual tasks, but for shorter than planned
- is able to perform a limited part of his normal tasks, but throughout the duration of the shift, or
- is transferred to other work tasks.

The accident at work must be reported to the Danish Maritime Authority as soon as possible, but not later than 9 days after the first day of incapacity for work or partial incapacity for work.

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

All accidents at sea and deaths and serious person accidents on board Danish vessels at sea or in foreign ports must immediately be reported to the Danish Maritime Authority on telephone number +45 91 37 60 00.

The employer's obligations under the Workers' Compensation Act

The employer must report accidents at work to the insurance company where the employer has taken out statutory insurance against accidents at work, not later than 9 days from the date of the accident, in cases where it must be assumed that the accident may result in entitlement to benefits under the Workers' Compensation Act.

Furthermore, all accidents at work that result in sickness leave for more than 5 weeks must be reported not later than 9 days after the 5-week date.

In the event of a death, the employer or the ship's master must furthermore inform Labour Market Insurance (Arbejdsmarkedets Erhvervssikring) within 48 hours on telephone number +45 20 42 63 97.

Special rules about tooth injuries and damaged eyeglasses without personal injury

Damaged eyeglasses and tooth injuries that have not resulted in incapacity for work in excess of the date of the accident are **not** to be reported to the Danish Maritime Authority.

The employer must report tooth injuries to their insurance company by completing this form. The dentist uses a special form which is available from Labour Market Insurance (Arbejdsmarkedets Erhvervssikring), the insurance companies and the Danish Dental Association (Dansk Tandlægeforening).

The employer must report to their insurance company, by way of a special form, damage to glasses/contact lenses which has not at the same time resulted in personal injury. The form is available from the insurance company or Labour Market Insurance (Arbejdsmarkedets Erhvervssikring).

What benefits can you get (compensation etc.)?

If the industrial injury is recognised under the Workers' Compensation Act, it is possible to obtain:

- payment of treatment expenses, damaged glasses, etc.,
- compensation for loss of earning capacity
- compensation for permanent injury
- transitional allowance following a death, or
- compensation for surviving dependants following industrial injuries resulting in death

Consent to notification with a view to compensation

Reporting a claim does not require the injured person's consent. However, the injured person may anytime ask Labour Market Insurance not to process the claim. If the blue page is sent to the employer's insurance company or to Labour Market Insurance, the injured person has indicated that the claim is reported with a view to getting any compensation under the Workers' Compensation Act.

What is the information used for?

Better health and safety:

The Maritime Authority registers all reported claims with information on the cause of the accident and its consequences as well as background information. The Maritime Authority uses the reported claims in its preventive work towards better health and safety on board vessels.

Workers' compensation:

The employer's insurance company initially assesses the claim with a view to any expenses for medical care. If the injured person complains of the insurance company's assessment, the claim is forwarded to Labour Market Insurance (Arbejdsmarkedets Erhvervssikring). If there are permanent effects of the injury, the insurance company forwards the claim to Labour Market Insurance, who makes a decision in accordance with the Workers' Compensation Act.

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

If you have any questions, please feel free to contact:

Labour Market Insurance (Arbejdsmarkedets Erhvervssikring), tel. +45 39 17 77 00, or the Danish Maritime Authority (Søfartsstyrelsen), tel. +45 91 37 60 00