

SOLOMON ISLANDS

LABOUR DIVISION

TO: Commissioner of Labour
Labour Division
P.O. Box G26
HONIARA

LAB WCA 5

Report of the Death of a Person in Employment
(Section 73 of the Labour Act (Cap 73))

IMPORTANT NOTES:

- 1) If the death is from natural causes attach a medical certificate or, if this is not available a statement of all circumstances know to the employer.
- 2) If the death is caused by an accident or occupational disease, also complete a Return of Accident/Occupational Disease, in the form prescribe by the Workmen’s compensation (accident and Occupational Disease Return) Regulations, send it to the Commissioner of Labour within seven days of the date of the death, or of the date of the employer becoming aware of the death. (Supplies of the form are available at the Labour Department, Honiara).
- 3) If, at the time of death, wages, overtime, holiday pay, etc., have accrued due to the deceased, the employer should remit the sum due to the Official Administrative of Unrepresented estates at Honiara for payment to the personal representative of the estate. (His address is C/- Registrar of the High Court, Honiara). This does not apply to any sum which may become due and payable by the employer under the Workmen’s Compensation Ordinance, which is payable through the Magistrate’s Court of the decease’s home District to the dependants as defined in the Ordinance.

PLEASE INSERT FULL DETAIL BELOW:

Employer: Name.....
Address.....
Trade or Occupation.....

Deceased Worker Name.....Sex.....
Home Village..... Home Island.....
Occupation.....
Date and time of death.....
Cause/suspected cause of death.....
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(Attach medical certificate stating cause of death whenever possible)

Name/s and address/es of Next of

kin.....

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Details of wages and property left by deceased.....

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Date.....

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Signature of Employer

Give brief report of Incident

(Use separate sheet if necessary)