

**ACCIDENT BOOK
(Regulation 66)
FORM 11**

Name Of The Company: **Peregrine Guarding Pvt Ltd** **AMAZON TRANSPORTATION SERVICES PVT LTD**
Rz-1B Kapashera Crossing RZ:-A **AMAZON TRANSPORTATIONS PVT LTD,JC-38/39 KHIRKI EXT. MALVIYA NAGAR NEW DELHI 110017**
NEW DELHI

Employer's Code no: **20000614780001018**

SL No	Date of Notice	Time of Notice	Name & Address of the injured person	Sex	Age	Insurance	Shift & occupation of Employee	Date	Time	Place	Cause Of Injury	Nature of Injury	What exactly was the injured person doing at the time of injury	Name occupation address & signature & thumb impression of the person given notice	Signature & Description of the person who make the entry	Name address & Occupation of two witnesses	Remarks
1	2	3	4	5	6	7	8	9	10	11	14	14	14	15	16	17	18

No accident during the month of MAY-2018

Peregrine Guarding Pvt. Ltd.

 Authorized Signatory