

CANDIDATE  
NAME

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CENTRE  
NUMBER

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CANDIDATE  
NUMBER

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**COMMERCIAL STUDIES**

**7101/32**

Paper 3 Text Processing

**October/November 2015**

INSERT 2

**2 hours**

**READ THESE INSTRUCTIONS FIRST**

This Insert is to be used for answering Question 5(a). Attempt this question only if you are using a typewriter.

Write your Centre number, candidate number and name on all the work you hand in.

This document consists of **2** printed pages.

# ACCIDENT REPORT FORM

Name of injured person .....

Date of birth .....

Home address .....

.....

Job title .....

Department .....

Date of accident ..... Time .....

Where did the accident happen? .....

.....

How did the accident occur? .....

.....

Details of injury .....

.....

.....

Name and address of witness to the accident .....

.....

Name of person reporting the accident .....

Signature of person reporting the accident .....

Date .....

Recorded in the accident book (Yes/No) \*

**\* delete as applicable**

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