

CANDIDATE
NAME

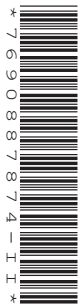
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CENTRE
NUMBER

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CANDIDATE
NUMBER

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COMMERCIAL STUDIES

7101/31

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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