



1.1. Custom App - Claim Registration WCL 2

Purpose

The purpose of this transaction is to lodge a notification of Occupational Injury claim (WCL 2) using the CompEasy System.

Business Scenario

In this scenario the Authorised Third Party, a Health Care Provider (HCP), previously called Medical Service Provider (MSP), in this example, lodges an Occupational Injury claim in the CompEasy System.

As the third party acts on behalf of the employer, the claim is lodged in CompEasy using the **Compensation Fund App for Employers**.

The Compensation for Occupational Injuries and Diseases Act applies to:

All employers with casual or full-time workers who sustained a workplace accident or contracted a work-related disease.

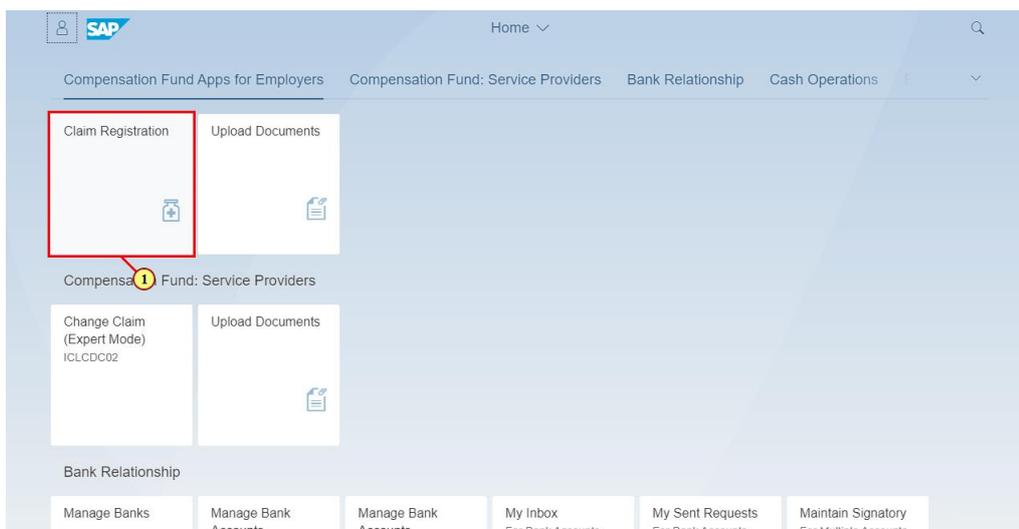
For exclusions please refer to the act.

Prerequisites

The following prerequisites are applicable when processing this transaction:

- Registered Business Partner.
- Authorised third party user access to CompEasy.
- Completed WCL2 Occupational Injury Notification form.
- Completed WCL4 Medical Report.
- Proof of Identity.

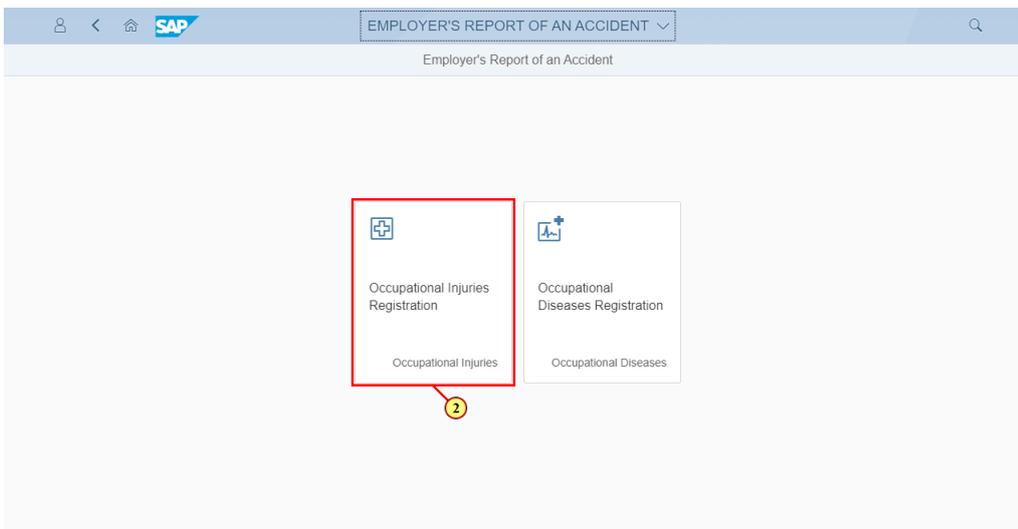
1.1.1. Home - Google Chrome





Step	Action
[1]	Click on the Claim Registration Claim Registration tile to access the transaction.

1.1.2. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



 In the **Incident Type** field, the employer must select the **Form Type** in which they wish to lodge a claim.

There are two options available:

- WCL2 - Occupational Injury
- WCL1 - Occupational Disease

Step	Action
[2]	Click on the Occupational Injuries Registration Occupational Injuries Registration to start the registration.



1.1.3. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

 All fields marked with a red asterisk '*' or red border are mandatory fields.

Step	Action
[3]	Click the Province  drop down option button to display the available list.

1.1.4. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



Step	Action
[4]	Click on the Gauteng South Gauteng South option to select it.

1.1.5. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[5]	Enter KEMPTON PARK in the Labour Centre field.

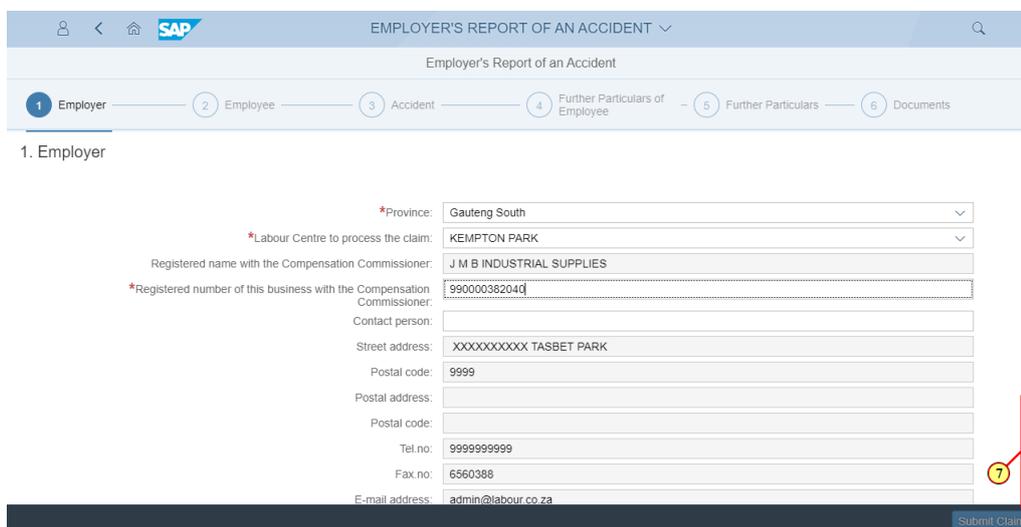
1.1.6. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



	<p>In the "Registered Number of this Business with the Compensation Commissioner" field the Employer Contract number starting with 99 is entered.</p> <p>Once the correct contract number has been populated the employer information will be populated in the fields below.</p> <p>If the employer contract number does not exist, please contact customer services for assistance.</p>
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Step	Action
[6]	Enter 990000382040 in the Registered number of this business with the Compensation Commissioner field.

1.1.7. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



Step	Action
[7]	Click in the area below the scroll bar to scroll down.



1.1.8. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[8]	Enter Germiston in the Location of the business/farm field.

1.1.9. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[9]	Enter Logistics in the Nature of business, trade or industry field.



1.1.10. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[10]	Click the Step 2  button to display the next task.

1.1.11. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

 The "Is the Injured Person a" field defines the employee's' employment status within the business, for example, Part time or Permanent.



Step	Action
[11]	Click the Is the injured person a  drop down option button to display the available list.

1.1.12. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

1 Employer 2 Employee 3 Accident 4 Further Particulars of Employee 5 Further Particulars 6 Documents

2. Employee

*Certified Copy of Identity Document to be Attached in section 6.

*Is the injured person a:

- Surname: Invalid entry
- First names: Apprentice (Full-Time)
- *ID Type: Apprentice (Part-Time)
- *ID No.: Regular Employee (Full-Time) **12**
- Date of birth: Regular Employee (Part-Time)
- Retired
- Sex: Working Director/Partner/Owner
- Marital state: Trainee
- Citizen of: Working member of a CC
- Personnel no.: Owner of Business
- Partner in the Business

Submit Claim

Step	Action
[12]	Click on the Regular Employee (Full-Time) Regular Employee (Full-Time) option to select it.



1.1.13. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

 Based on the type of identity document that the employee has, the user can select the relevant Radio button.
For example, if the employee holds a passport, the user will select the "Passport" Radio button.

Step	Action
[13]	Click to select the ID Number  radio button.



1.1.14. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[14]	Click the OK  button to acknowledge the message.

1.1.15. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



If the employee record does not exist in the system a pop-up message will display informing the employer to contact Customer Services.

Step	Action
[15]	Enter 7104165167084 in the ID no field.

1.1.16. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

 When the employee ID number is entered, field values are generated with the employee's details.
If changes are required, fields in white can be changed.

Step	Action
[16]	Click in the area below the scroll bar to scroll down.



1.1.17. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

 Once the correct identity information has been entered, the employee details fields will be populated.
Should any information have changed, the fields are open for editing and updating as per WCL forms.

Step	Action
[17]	Enter Driver in the Occupation field.



1.1.18. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[18]	Enter 20 years in the Period in your employ (years/month) field.

1.1.19. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[19]	Click to select the 14 & More <input type="radio"/> radio button.



1.1.20. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[20]	Click the Step 3  button to display the next task.

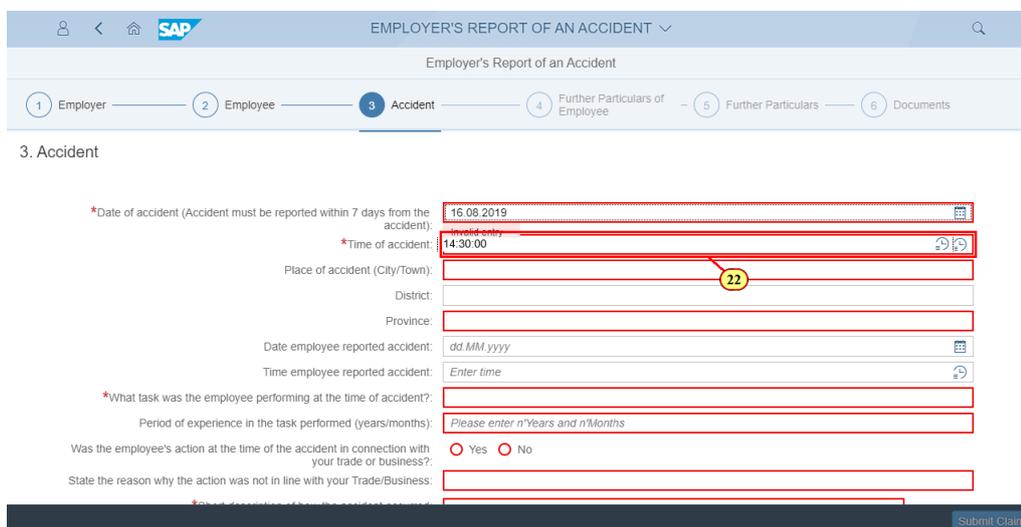
1.1.21. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



	<p>The next few steps demonstrate how to answer the <i>Structured Facts Questions (SFQ)</i>, as per answers in the WCL forms submitted.</p>
	<p>These questions must be answered as accurately as per possible, as each question informs and determines the next question.</p> <p>Some of the questions may require additional documentation, for example, if the incident took place on a public road the form WCL226 will be required for the claim to be created.</p>

Step	Action
[21]	Enter 16.08.2019 in the *Date of accident (Accident must be reported within 7 days from the accident) field.

1.1.22. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



Step	Action
[22]	Enter 14:30:00 in the Time of accident field.



1.1.23. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[23]	Enter Germiston Lake Ekuruleni in the Place of accident (City/Town) field.

1.1.24. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[24]	Enter Gauteng in the Province field.



1.1.25. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

1 Employer 2 Employee 3 Accident 4 Further Particulars of Employee 5 Further Particulars 6 Documents

3. Accident

*Date of accident (Accident must be reported within 7 days from the accident): 16.08.2019

*Time of accident: 14:30:00

Place of accident (City/Town): Germiston Lake Ekuruleni

District:

Province: Gauteng

Date employee reported accident: 16.08.2019

Time employee reported accident: Enter time

*What task was the employee performing at the time of accident?:

Period of experience in the task performed (years/months): Please enter n*Years and n*Months

Was the employee's action at the time of the accident in connection with your trade or business? Yes No

State the reason why the action was not in line with your Trade/Business:

Submit Claim

Step	Action
[25]	Enter 16.08.2019 in the Date employee reported accident field.

1.1.26. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

1 Employer 2 Employee 3 Accident 4 Further Particulars of Employee 5 Further Particulars 6 Documents

3. Accident

*Date of accident (Accident must be reported within 7 days from the accident): 16.08.2019

*Time of accident: 14:30:00

Place of accident (City/Town): Germiston Lake Ekuruleni

District:

Province: Gauteng

Date employee reported accident: 16.08.2019

Time employee reported accident: 14:50:00

*What task was the employee performing at the time of accident?:

Period of experience in the task performed (years/months): Please enter n*Years and n*Months

Was the employee's action at the time of the accident in connection with your trade or business? Yes No

State the reason why the action was not in line with your Trade/Business:

Submit Claim

Step	Action
[26]	Enter 14:50:00 in the Time employee reported accident field.



1.1.27. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[27]	Enter Driving in the What task was the employee performing at the time of accident? field.

1.1.28. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[28]	Enter 9 years in the Period of experience in the task performed (years/months) field.



1.1.29. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[29]	Click in the area below the scroll bar to scroll down.

1.1.30. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[30]	Click to select the Yes <input type="radio"/> radio button.



1.1.31. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[31]	Enter Multi vehicle pile up in the Short description of how the accident occurred field.

1.1.32. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[32]	Click the Contributing Factors/Causes  drop down option button to display the available list.



1.1.33. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[33]	Click in the area below the scroll bar to scroll down.

1.1.34. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[34]	Click to select the Unfavourable conditions <input type="checkbox"/> checkbox.



1.1.35. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[35]	Click to select the Yes <input type="radio"/> radio button.

1.1.36. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[36]	Enter n/a in the Was the Employee traveling to or from work field.



1.1.37. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[37]	Enter DD00JKGP in the *If motor vehicles were involved furnish registration numbers: field.

1.1.38. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[38]	Enter Right hand in the *Nature of injury sustained (e.g. index finger of right hand crushed): field.



1.1.39. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[39]	Click the Mark any of the following when applicable  drop down option button to display the available list.

1.1.40. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[40]	Click on the Multi Trauma Multi Trauma option to select it.



1.1.41. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[41]	Click to select the Yes <input type="radio"/> radio button.

1.1.42. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[42]	Click to select the No <input type="radio"/> radio button.



1.1.43. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[43]	Click the Step 4  link to access the next step.

1.1.44. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[44]	Click to select the Earnings R/Month  radio button.



1.1.45. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Earnings of employee at the time of accident: *(Attach copy of payslip as at time of accident in section 6.

Basic earning: R/Week R/Month

Gross cash earnings:(including average payments for overtime and/or... : 14000

Allowance of a Recurrent nature:Bonuses (13th Cheque): R/Month 45

Allowance of a recurrent nature:Other allowances (Specify nature): R/Month

Cash value of free food: R/Month

Cash value of free quarters: R/Month

Other payment in kind (specify nature): R/Month

In terms of section 47 of the Act an employer is obliged to pay an employee full compensation for the first three months of absence

Submit Claim

Step	Action
[45]	Enter 14000 in the Gross Cash Earnings field.

1.1.46. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Earnings of employee at the time of accident: *(Attach copy of payslip as at time of accident in section 6.

Basic earning: R/Week R/Month

Gross cash earnings:(including average payments for overtime and/or... : 14000

Allowance of a Recurrent nature:Bonuses (13th Cheque): 900

Allowance of a recurrent nature:Other allowances (Specify nature): R/Month 46

Cash value of free food: R/Month

Cash value of free quarters: R/Month

Other payment in kind (specify nature): R/Month

In terms of section 47 of the Act an employer is obliged to pay an employee full compensation for the first three months of absence

Submit Claim

Step	Action
[46]	Enter 900 in the Allowance of a Recurrent nature: Bonuses (13th Cheque) field.



1.1.47. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[47]	Enter 0 in the Allowance of a recurrent nature: Other allowances (Specify nature) field.

1.1.48. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[48]	Enter 0 in the Cash value of food field.



1.1.49. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

1 Employer — 2 Employee — 3 Accident — 4 Further Particulars of Employee — 5 Further Particulars — 6 Documents

4. Further Particulars of Employee

Earnings of employee at the time of accident: *(Attach copy of payslip as at time of accident in section 6.

Basic earning: R/Week R/Month

Gross cash earnings:(including average payments for overtime and/or...: 14000

Allowance of a Recurrent nature:Bonuses (13th Cheque): 900

Allowance of a recurrent nature:Other allowances (Specify nature): 0

Cash value of free food: 0

Cash value of free quarters: 0

Other payment in kind (specify nature): R/Month 49

In terms of section 47 of the Act an employer is obliged to pay an employee full compensation for the first three months of absence

Submit Claim

Step	Action
[49]	Enter 0 in the Cash value of free quarters field.

1.1.50. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

1 Employer — 2 Employee — 3 Accident — 4 Further Particulars of Employee — 5 Further Particulars — 6 Documents

4. Further Particulars of Employee

Earnings of employee at the time of accident: *(Attach copy of payslip as at time of accident in section 6.

Basic earning: R/Week R/Month

Gross cash earnings:(including average payments for overtime and/or...: 14000

Allowance of a Recurrent nature:Bonuses (13th Cheque): 900

Allowance of a recurrent nature:Other allowances (Specify nature): 0

Cash value of free food: 0

Cash value of free quarters: 0

Other payment in kind (specify nature): 50

In terms of section 47 of the Act an employer is obliged to pay an employee full compensation for the first three months of absence

Submit Claim

Step	Action
[50]	Enter 0 in the Other payment in kind(specify nature) field.



1.1.51. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

1 Employer — 2 Employee — 3 Accident — 4 Further Particulars of Employee — 5 Further Particulars — 6 Documents

4. Further Particulars of Employee

Earnings of employee at the time of accident: *(Attach copy of payslip as at time of accident in section 6.)

Basic earning: R/Week R/Month

Gross cash earnings:(including average payments for overtime and/or... : 14000

Allowance of a Recurrent nature:Bonuses (13th Cheque): 900

Allowance of a recurrent nature:Other allowances (Specify nature): 0

Cash value of free food: 0

Cash value of free quarters: 0

Other payment in kind (specify nature): 0

In terms of section 47 of the Act an employer is obliged to pay an employee full compensation for the first three months of absence

51 Submit Claim

Step	Action
[51]	Click in the area below the scroll bar to scroll down.

1.1.52. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

1 Employer — 2 Employee — 3 Accident — 4 Further Particulars of Employee — 5 Further Particulars — 6 Documents

In terms of section 47 of the Act an employer is obliged to pay an employee full compensation for the first three months of absence

*Are you prepared to make further compensation payments after the first three months from the date of the accident? Yes No

If you have already paid cash (earnings) to the employee, state the total amount R: 52

For what period were such payment made? From: dd.MM.yyyy To: dd.MM.yyyy

Number of days per week worked by the employee: [dropdown]

Date on which the employee ceased work due to accident: dd.MM.yyyy

Did the employee complete his shift on the day that he ceased work?: Yes No

Date on which the employee resumed work: dd.MM.yyyy

If the employee was killed in the accident, state name and address of dependent of the employee:

Submit Claim

Step	Action
[52]	Click to select the Yes <input type="radio"/> radio button.



1.1.53. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

In terms of section 47 of the Act an employer is obliged to pay an employee full compensation for the first three months of absence

*Are you prepared to make further compensation payments after the first three months from the date of the accident? Yes No

If you have already paid cash (earnings) to the employee, state the total amount R:

For what period were such payment made? From: 01.09.2019 To: dd.MM.yyyy

Number of days per week worked by the employee: 53

Date on which the employee ceased work due to accident: dd.MM.yyyy

Did the employee complete his shift on the day that he ceased work? Yes No

Date on which the employee resumed work: dd.MM.yyyy

If the employee was killed in the accident, state name and address of dependent of the employee:

Submit Claim

Step	Action
[53]	Enter 01.09.2019 in the For what period were such payment made? From field.

1.1.54. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

In terms of section 47 of the Act an employer is obliged to pay an employee full compensation for the first three months of absence

*Are you prepared to make further compensation payments after the first three months from the date of the accident? Yes No

If you have already paid cash (earnings) to the employee, state the total amount R:

For what period were such payment made? From: 01.09.2019 To: 01.12.2019

Number of days per week worked by the employee: 54

Date on which the employee ceased work due to accident: dd.MM.yyyy

Did the employee complete his shift on the day that he ceased work? Yes No

Date on which the employee resumed work: dd.MM.yyyy

If the employee was killed in the accident, state name and address of dependent of the employee:

Submit Claim

Step	Action
[54]	Enter 01.12.2019 in the For what period were such payment made? To field.



1.1.55. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[55]	Click the Number of days per week worked by employee  drop down option button to display the available list.

1.1.56. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[56]	Click on the 6  option to select it.



1.1.57. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

In terms of section 47 of the Act an employer is obliged to pay an employee full compensation for the first three months of absence

*Are you prepared to make further compensation payments after the first three months from the date of the accident?: Yes No

If you have already paid cash (earnings) to the employee, state the total amount R:

For what period were such payment made? From: 01.09.2019 To: 01.12.2019

Number of days per week worked by the employee: 6

Date on which the employee ceased work due to accident: 16.08.2019

Did the employee complete his shift on the day that he ceased work?: Yes No

Date on which the employee resumed work: dd.MM.yyyy

If the employee was killed in the accident, state name and address of dependent of the employee:

Step 5

Submit Claim

Step	Action
[57]	Enter 16.08.2019 in the Date on which the employee ceased work due to accident field.

1.1.58. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

In terms of section 47 of the Act an employer is obliged to pay an employee full compensation for the first three months of absence

*Are you prepared to make further compensation payments after the first three months from the date of the accident?: Yes No

If you have already paid cash (earnings) to the employee, state the total amount R:

For what period were such payment made? From: 01.09.2019 To: 01.12.2019

Number of days per week worked by the employee: 6

Date on which the employee ceased work due to accident: 16.08.2019

Did the employee complete his shift on the day that he ceased work?: Yes No

Date on which the employee resumed work: dd.MM.yyyy

If the employee was killed in the accident, state name and address of dependent of the employee:

Step 5

Submit Claim

Step	Action
[58]	Click to select the No radio button.



1.1.59. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[59]	Click the Step 5  button to display the next task.

1.1.60. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[60]	Click to select the Yes  radio button.



1.1.61. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

1 Employer 2 Employee 3 Accident 4 Further Particulars of Employee 5 Further Particulars 6 Documents

5. Further Particulars

Should the employee have any physical defect, have suffered from any serious disease prior to the accident or has previously received compensation for permanent disablement, give full particulars:

*Was first aid given in this case? Yes No

State the name of the medical practitioner/chiropractor who treated the employee: [61]

If the employee received treatment at a hospital, state name of hospital:

*Was the accident caused by the employee's deliberate non-compliance with directions? Yes No

*Was the accident caused by the employee's:

*Was the accident caused by the employee's reckless disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents?: Yes No

*If yes furnish an explanatory statement:

Action while under the influence of liquor or drugs?: Yes No

(N.B. If any reply is in affirmative the employee must furnish an explanatory statement)

Submit Claim

Step	Action
[61]	Enter J Smith in the State the name of the medical practitioner/chiropractor who treated the employee: field.

1.1.62. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

1 Employer 2 Employee 3 Accident 4 Further Particulars of Employee 5 Further Particulars 6 Documents

5. Further Particulars

Should the employee have any physical defect, have suffered from any serious disease prior to the accident or has previously received compensation for permanent disablement, give full particulars:

*Was first aid given in this case? Yes No

State the name of the medical practitioner/chiropractor who treated the employee:

If the employee received treatment at a hospital, state name of hospital: [62]

*Was the accident caused by the employee's deliberate non-compliance with directions? Yes No

*Was the accident caused by the employee's:

*Was the accident caused by the employee's reckless disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents?: Yes No

*If yes furnish an explanatory statement:

Action while under the influence of liquor or drugs?: Yes No

(N.B. If any reply is in affirmative the employee must furnish an explanatory statement)

Submit Claim

Step	Action
[62]	Enter Germiston Netcare in the If the employee received treatment at a hospital, state name of hospital field.



1.1.63. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[63]	Click to select the No radio button.

1.1.64. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[64]	Click to select the No radio button.



1.1.65. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

1 Employer — 2 Employee — 3 Accident — 4 Further Particulars of Employee — 5 Further Particulars — 6 Documents

5. Further Particulars

Should the employee have any physical defect, have suffered from any serious disease prior to the accident or has previously received compensation for permanent disablement, give full particulars: _____

*Was first aid given in this case? Yes No

State the name of the medical practitioner/chiropractor who treated the employee:

If the employee received treatment at a hospital, state name of hospital:

*Was the accident caused by the employee's deliberate non-compliance with directions? Yes No

*Was the accident caused by the employee's reckless disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents? Yes No

Action while under the influence of liquor or drugs? Yes No

(N.B. If any reply is in affirmative, the employee must furnish an explanatory statement which must then be attached hereto together with your comments thereon).

*Name and address of anybody a) who witnessed the accident: Yes No

65 Submit Claim

Step	Action
[65]	Click in the area below the scroll bar to scroll down.

1.1.66. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

1 Employer — 2 Employee — 3 Accident — 4 Further Particulars of Employee — 5 Further Particulars — 6 Documents

terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents? _____

Action while under the influence of liquor or drugs? Yes No

(N.B. If any reply is in affirmative, the employee must furnish an explanatory statement which must then be attached hereto together with your comments thereon).

*Name and address of anybody a) who witnessed the accident: Yes No

State the name of the witness: _____

State the address of the witness: _____

State the Telephone of the witness: _____

How many other employees were injured in the same accident?

b) Who was aware of the accident at the time: _____

State the address of the individual who was aware: _____

*If the accident was investigated by the SA Police, state name of Police Station and docket number applicable: Yes No

*Name of Police Station: _____

*State the Docket number of the case: _____

Submit Claim

Step	Action
[66]	Click to select the No <input type="radio"/> radio button.



1.1.67. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[67]	Click to select the No <input type="radio"/> radio button.

1.1.68. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[68]	Click to select the Yes <input type="radio"/> radio button.



1.1.69. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[69]	Enter Germiston SAPS in the *Name of Police Station: field

1.1.70. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
[70]	Enter 08/2019/876 in the *State the Docket number of the case: field.



1.1.71. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

1 Employer — 2 Employee — 3 Accident — 4 Further Particulars of Employee — 5 Further Particulars — 6 Documents

*Was the accident caused by the employee's deliberate non-compliance with directions?: Yes No

*Was the accident caused by the employee's reckless disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents?: Yes No

Action while under the influence of liquor or drugs?: Yes No

(N.B. If any reply is in affirmative, the employee must furnish an explanatory statement which must then be attached hereto together with your comments thereon).

*Name and address of anybody a) Who witnessed the accident: Yes No

How many other employees were injured in the same accident?:

*If the accident was investigated by the SA Police, state name of Police Station and docket number applicable:

*Name of Police Station:

*State the Docket number of the case:

Step 6 71

Submit Claim

Step	Action
[71]	Click the Step 6  button to display the next task.

1.1.72. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

1 Employer — 2 Employee — 3 Accident — 4 Further Particulars of Employee — 5 Further Particulars — 6 Documents

6. Documents

Please upload mandatory documents *

*Document type + 72

No files found.
use the + Button

Declaration by Employer or Authorised person

I, with ID number hereby declare that on that the particulars furnished on this report of injury on duty are to the best of my knowledge and belief true and accurate.

Submit Claim

 Please note that you will not be able to submit the claim until the required documents have been uploaded.



Step	Action
[72]	Click the Document type  drop down option button to display the available list.

1.1.73. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

1 Employer 2 Employee 3 Accident 4 Further Particulars of Employee 5 Further Particulars 6 Documents

6. Documents

Please upload mandatory documents *

*Document type

- Death Certificate
- Passport
- SA ID *
- Work Permit
- Proof of Earnings
- Assault Questionnaire
- Road Accident Questionnaire WCL226 *
- Employer's Report of an Accident WCL2 *
- First Medical Report - Accident WCL4 *

No files found.
use the + Button

Declaration by Employer or Authorised person

I [] with ID number [] hereby declare that on 08.10.2019 that the particulars furnished on this report injury on duty are to the best of my knowledge and belief true and accurate

Submit Claim

Step	Action
[73]	Click on the SA ID SA ID option to select it.

1.1.74. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

1 Employer 2 Employee 3 Accident 4 Further Particulars of Employee 5 Further Particulars 6 Documents

6. Documents

Please upload mandatory documents *

*Document type SA ID *

No files found.
use the + Button

Declaration by Employer or Authorised person

I [] with ID number [] hereby declare that on 08.10.2019 that the particulars furnished on this report injury on duty are to the best of my knowledge and belief true and accurate

Submit Claim



Step	Action
[74]	Click the Add + button to upload a document.

1.1.75. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

The screenshot shows the SAP web application interface for 'EMPLOYER'S REPORT OF AN ACCIDENT'. A file explorer window is open, displaying a list of PDF files. The file 'SA ID.pdf' is highlighted with a red box and a yellow circle containing the number 75. The background shows a form with a 'Documents' section and a 'Submit Claim' button.

Step	Action
[75]	Double click on the SA ID.pdf  file to select it.

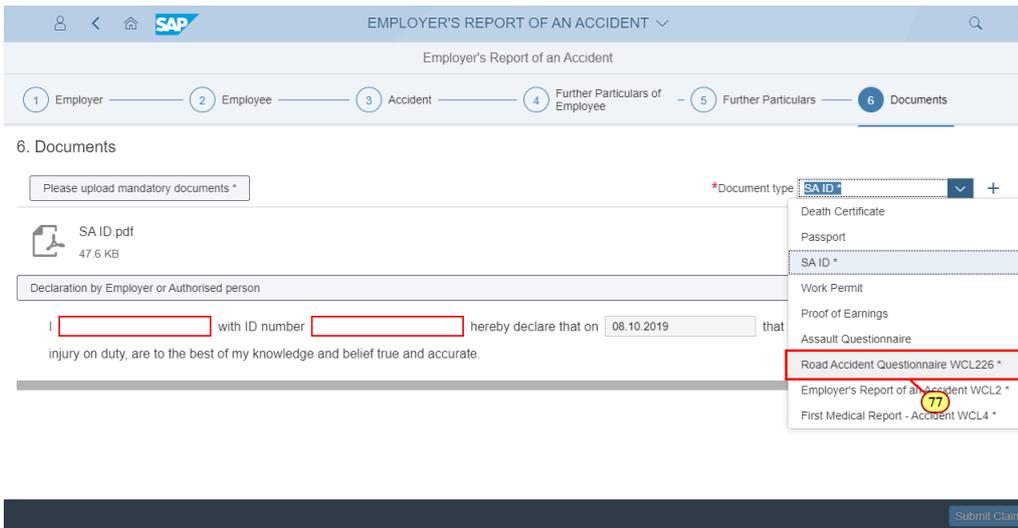
1.1.76. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

The screenshot shows the SAP web application interface for 'EMPLOYER'S REPORT OF AN ACCIDENT'. The 'Documents' section shows the 'SA ID.pdf' file (47.6 KB) with a document type dropdown set to 'SA ID *'. A yellow circle with the number 76 is next to the dropdown. The background shows a form with a 'Submit Claim' button.



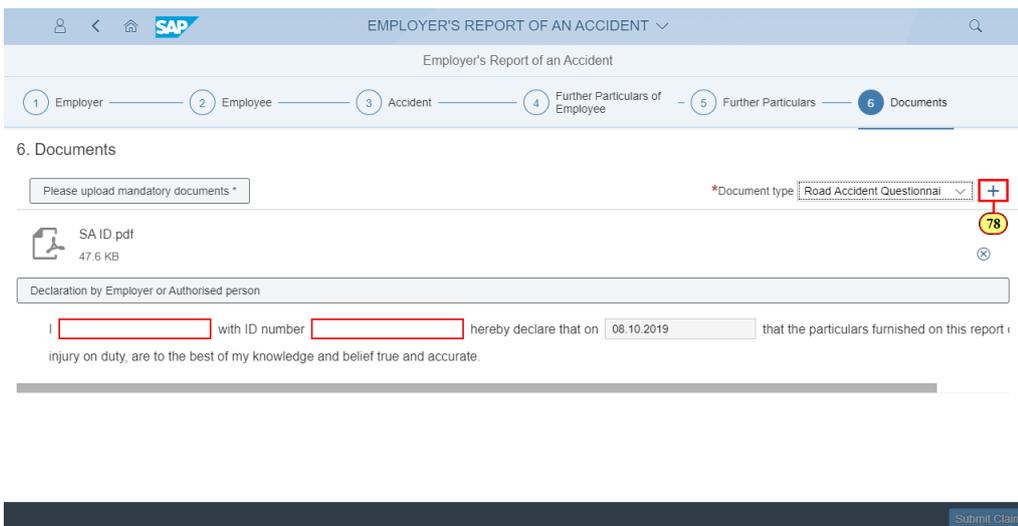
Step	Action
[76]	Click the Document type  drop down option button to display the available list.

1.1.77. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



Step	Action
[77]	Click on the Road Accident Questionnaire WCL226 Road Accident Questionnaire WCL226 option to select it.

1.1.78. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome





Step	Action
[78]	Click the Add + button to upload a document.

1.1.79. Open

Step	Action
[79]	Double click on the WCL 226.pdf  WCL 226.pdf file to select it.

1.1.80. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
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Step	Action
[80]	Click the Document type  drop down option button to display the available list.

1.1.81. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

1 Employer — 2 Employee — 3 Accident — 4 Further Particulars of Employee — 5 Further Particulars — 6 Documents

6. Documents

Please upload mandatory documents *

*Document type: Road Accident Questionnaire

WCL 226.pdf
55.5 KB

SA ID.pdf
47.6 KB

Declaration by Employer or Authorised person

I, [redacted] with ID number [redacted] hereby declare that on 08.10.2019 that [redacted] injury on duty, are to the best of my knowledge and belief true and accurate.

81

Submit Claim

Step	Action
[81]	Click on the First Medical Report - Accident WCL4  option to select it.

1.1.82. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

1 Employer — 2 Employee — 3 Accident — 4 Further Particulars of Employee — 5 Further Particulars — 6 Documents

6. Documents

Please upload mandatory documents *

*Document type: Employer's Report of an Ac

WCL 226.pdf
55.5 KB

SA ID.pdf
47.6 KB

Declaration by Employer or Authorised person

I, [redacted] with ID number [redacted] hereby declare that on 08.10.2019 that the particulars furnished on this report injury on duty, are to the best of my knowledge and belief true and accurate.

82

Submit Claim



Step	Action
[82]	Click the Add + button to upload a document.

1.1.83. Open

The screenshot shows the 'EMPLOYER'S REPORT OF AN ACCIDENT' application. An 'Open' file dialog is open, displaying a list of files on the Desktop. The file 'WCL 4.pdf' is highlighted with a red box and a yellow circle containing the number 83. The background shows the application interface with a 'Documents' section and a 'Submit Claim' button.

Step	Action
[83]	Double click on the WCL 4.pdf  WCL 4.pdf file to select it.

1.1.84. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

The screenshot shows the 'EMPLOYER'S REPORT OF AN ACCIDENT' application in Google Chrome. The 'Documents' section shows three uploaded files: 'WCL 4.pdf', 'WCL 226.pdf', and 'SA ID.pdf'. A red box highlights the 'Add +' button next to the 'Document type' dropdown, with a yellow circle containing the number 84. The background shows the application interface with a 'Submit Claim' button.

Step	Action
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Step	Action
[84]	Click the Document type  drop down option button to display the available list.

1.1.85. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

1 Employer 2 Employee 3 Accident 4 Further Particulars of Employee 5 Further Particulars 6 Documents

6. Documents

Please upload mandatory documents *

*Document type: Road Accident Questionnaire

- Death Certificate
- Passport
- SA ID *
- Work Permit
- Proof of Earnings
- Assault Questionnaire
- Road Accident Questionnaire WCL226 *
- Employer's Report of an Accident WCL2 ***
- First Medical Report - Accident WCL4 *

WCL 4.pdf 55.5 KB

WCL 226.pdf 55.5 KB

SA ID.pdf 47.6 KB

Declaration by Employer or Authorised person

I [red box] with ID number [red box] hereby declare that on 08.10.2019 that the particulars furnished on this report injury on duty, are to the best of my knowledge and belief true and accurate.

Submit Claim

Step	Action
[85]	Click on the Employer's Report of an Accident WCL2 Employer's Report of an Accident WCL2 option to select it.

1.1.86. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

1 Employer 2 Employee 3 Accident 4 Further Particulars of Employee 5 Further Particulars 6 Documents

6. Documents

Please upload mandatory documents *

*Document type: First Medical Report - Accic

WCL 4.pdf 55.5 KB

WCL 226.pdf 55.5 KB

SA ID.pdf 47.6 KB

Declaration by Employer or Authorised person

I [red box] with ID number [red box] hereby declare that on 08.10.2019 that the particulars furnished on this report injury on duty, are to the best of my knowledge and belief true and accurate.

Submit Claim



Step	Action
[86]	Click the Add + button to upload a document.

1.1.87. Open

Step	Action
[87]	Double click on the WCL 2.pdf  WCL 2.pdf file to select it.

1.1.88. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

Step	Action
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Step	Action
[88]	Click in the area below the scroll bar to scroll down.

1.1.89. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

1 Employer — 2 Employee — 3 Accident — 4 Further Particulars of Employee — 5 Further Particulars — 6 Documents

WCL 4.pdf
55.5 KB

WCL 226.pdf
55.5 KB

SA ID.pdf
47.6 KB

Declaration by Employer or Authorised person

s.mas with ID number hereby declare that on 08.10.2019 that the particulars furnished on this report c injury on duty, are the best of my knowledge and belief true and accurate.

89

Submit Claim

Step	Action
[89]	Enter s.mas in the I field.

1.1.90. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

1 Employer — 2 Employee — 3 Accident — 4 Further Particulars of Employee — 5 Further Particulars — 6 Documents

WCL 4.pdf
55.5 KB

WCL 226.pdf
55.5 KB

SA ID.pdf
47.6 KB

Declaration by Employer or Authorised person

s.mas with ID number 6001018788081 hereby declare that on 08.10.2019 that the particulars furnished on this report c injury on duty, are to the best of my knowledge and belief true and accurate.

90

Submit Claim

Step	Action
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Step	Action
[90]	Enter 6001018788081 in the ID Number field.

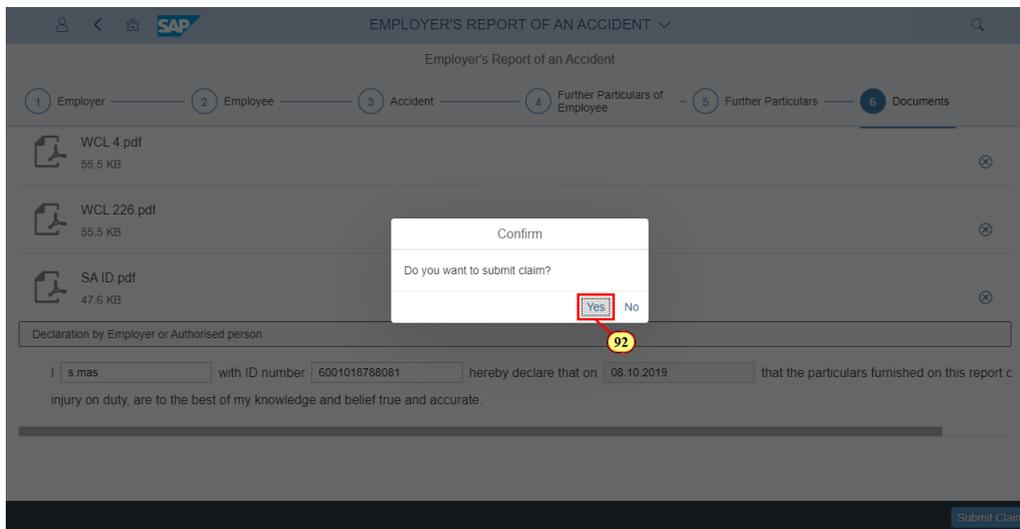
1.1.91. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

 Upon submitting the claim information, a claim number will be generated.

Step	Action
[91]	Click the Submit Claim  button to submit the claim.



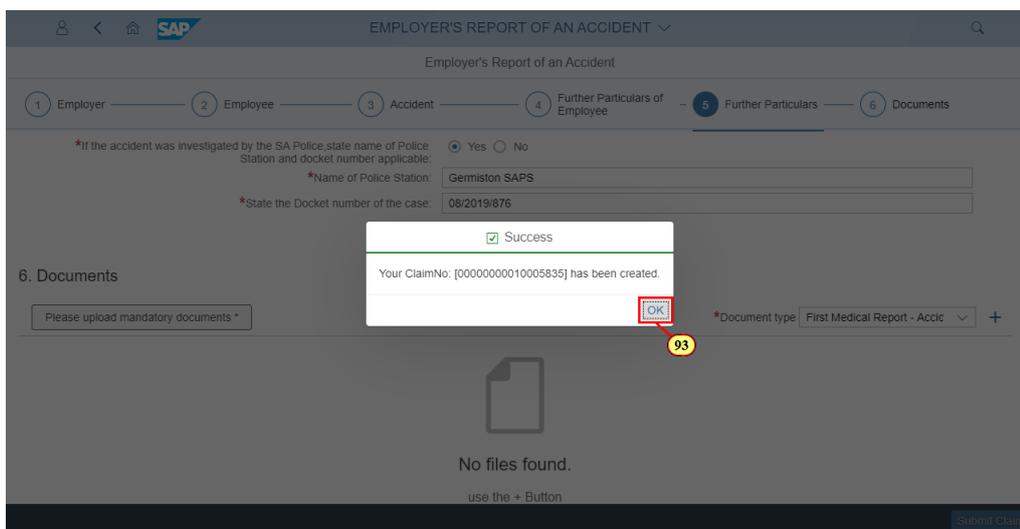
1.1.92. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



 Please take note of the **Confirm** message displayed in the pop-up window.

Step	Action
[92]	Click the Yes  button to confirm the submission.

1.1.93. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

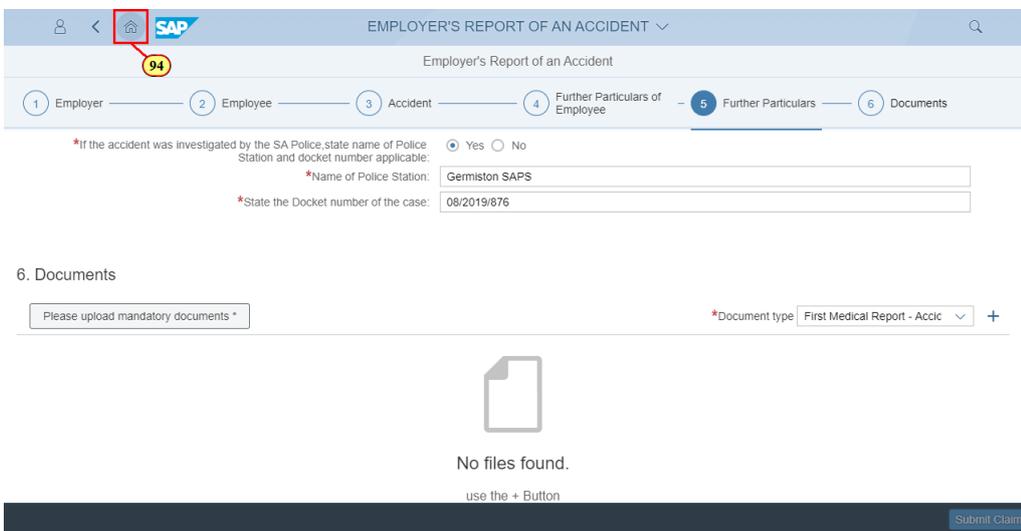




	Please take note of the message displayed in the pop-up window indicating the claim number.
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Step	Action
[93]	Click the OK  button to acknowledge the message.

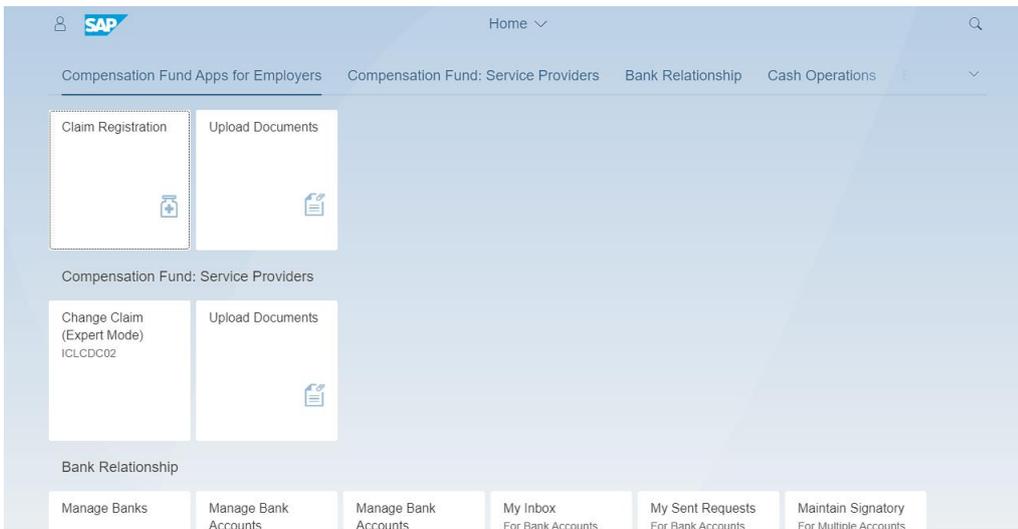
1.1.94. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



Step	Action
[94]	Click the Home  button to return to the launchpad.



1.1.95. Home - Google Chrome



 Well done! You have successfully completed lodging a claim.