



## 1.1. External Claim Registration

### Purpose

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

### Business Scenario

In this scenario the Employer, in this example, lodges an Occupational Injury claim in the CompEasy System.

The Compensation for Occupational Injuries and Diseases Act applies to:

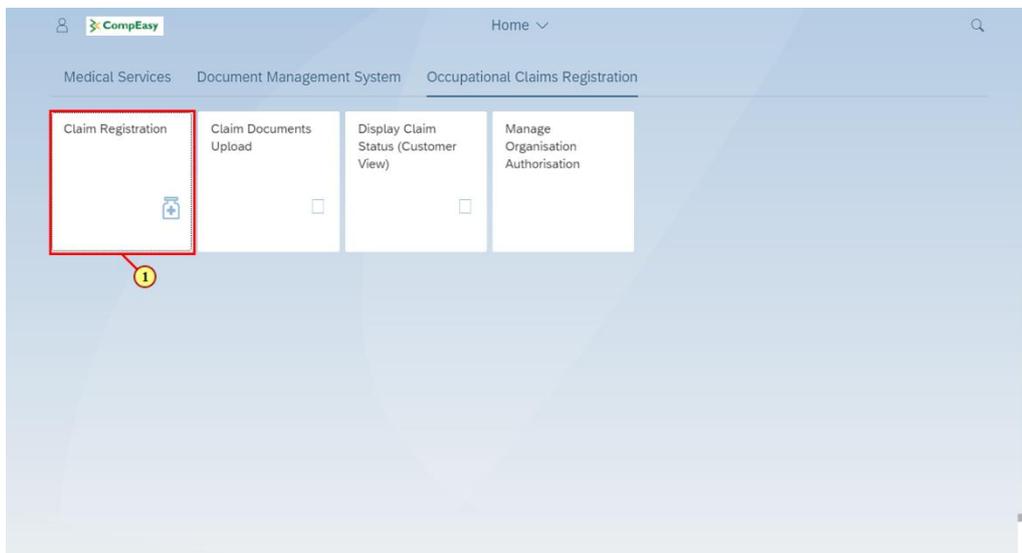
All employers with casual or full-time workers who sustained a workplace accident or contracted a work-related disease.

### Prerequisites

The following prerequisites are applicable when processing this transaction:

- Registered Business Partner.
- Authorised user access to CompEasy.
- Proof of Identity.

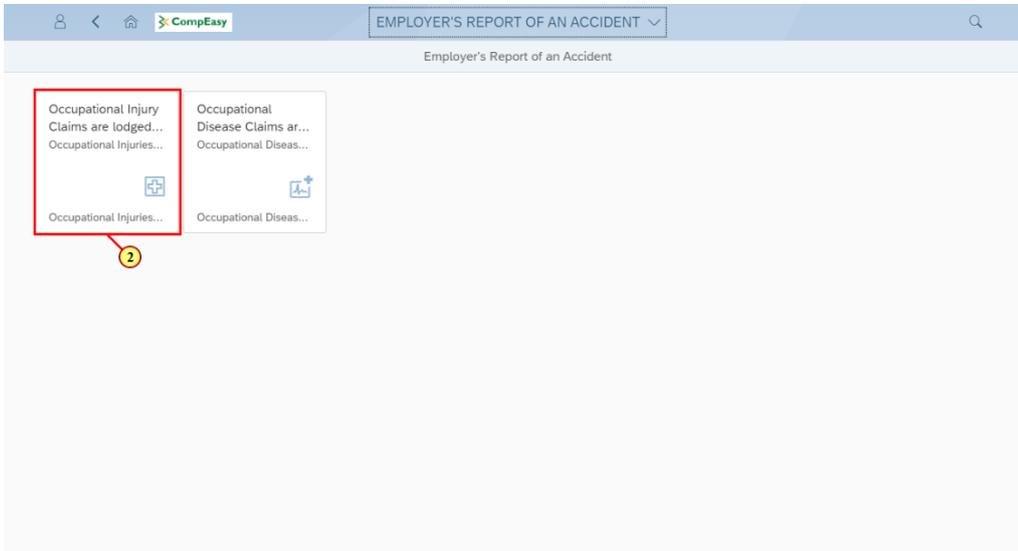
### 1.1.1. Home - Google Chrome



Step	Action
[1]	Click the <b>Claim Registration</b>  tile to access the transaction.

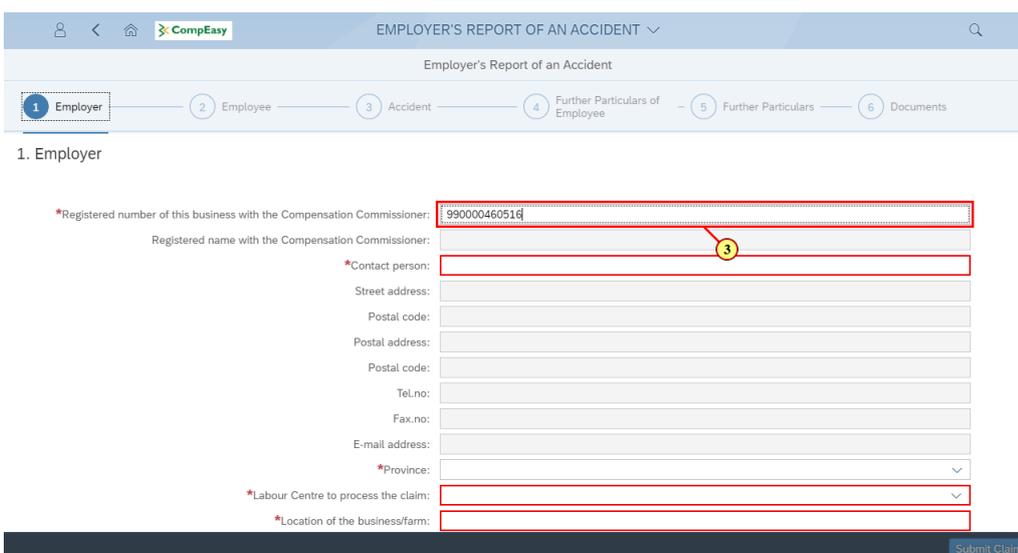


### 1.1.2. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



Step	Action
[2]	Click the <b>Occupational Injury Claims are lodged</b> tile to access the transaction.

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



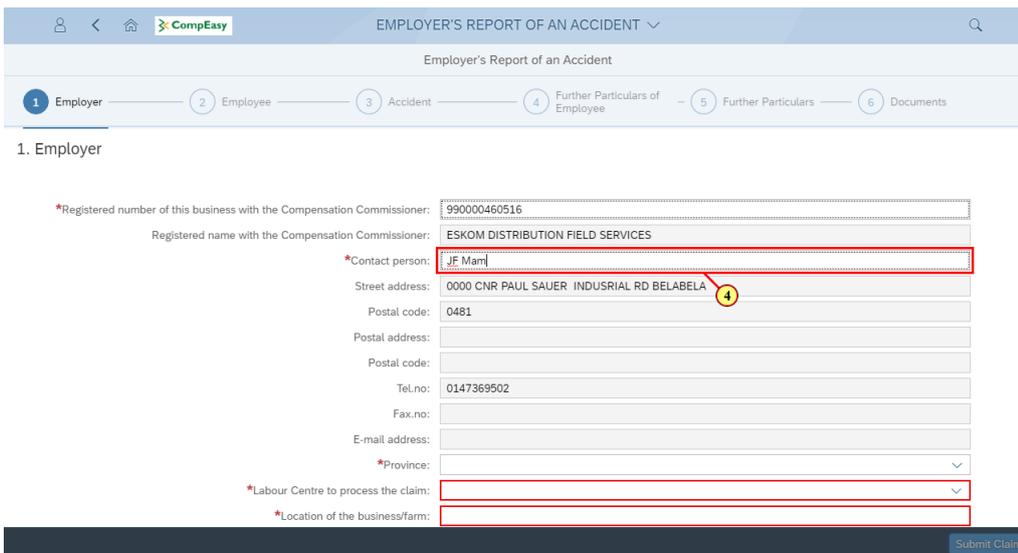


	Enter a valid CF Contract Account number, if the CF Contract Account number is valid it will auto populate all the other filed relating to the Business .
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	All fields marked with a red asterisk '*' or red border are mandatory fields.
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Step	Action
[3]	Enter <b>990000460516</b> in the <b>Registered number of this business with the Compensation Commissioner</b> field.

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



Step	Action
[4]	Enter <b>Name of the Contact person e.g. JF Mam</b> in the <b>Contact person</b> field.



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

Step	Action
[5]	Click in the <b>area below the scroll bar</b> to scroll down.

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

Step	Action
[6]	Click the <b>Province</b>  <b>drop down option</b> button to display the available list.



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

Step	Action
[7]	Click the <b>Province: Gauteng South</b> <b>Gauteng South</b> option to select it.

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

 Based on the proximity, select the Labour Centre based on the selected Province.



Step	Action
[8]	Click the <b>Labour Centre to process the claim</b>  drop down option button to display the available list.

### 1.1.9. 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

Postal code: 0481

Postal address:

Postal code:

Tel.no: 0147369502

Fax.no:

E-mail address:

\*Province: Gauteng South

\*Labour Centre to process the claim: GERMISTON

\*Location of the business/farm: GERMISTON

\*Nature of business, trade or industry: JOHANNESBURG

\*Confirm that the above details are correct: KEMPTON PARK

RANDBURG

VEREENIGING

Submit Claim

Step	Action
[9]	Click the <b>Labour Centre: Kempton Park</b>  option to select it.



## 1.1.10. 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

Postal code: 0481

Postal address:

Postal code:

Tel.no: 0147369502

Fax.no:

E-mail address:

\*Province: Gauteng South

\*Labour Centre to process the claim: KEMPTON PARK

\*Location of the business/farm: Midrand

\*Nature of business, trade or industry:

\*Confirm that the above details are correct:  Yes  No

If No, Please attach a document in section 6 with correct details

Submit Claim

 The **Location of the business/farm** is where the Business is located e.g. Midrand.

Step	Action
[10]	Enter <b>Midrand</b> in the <b>Location of the business/farm</b> field.



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

 The **Nature of business, trade or industry** is the type of Business the organization is into e.g. Manufacturing.

Step	Action
[11]	Enter <b>Manufacturing</b> in the <b>Nature of business, trade or industry</b> field.



## 1.1.12. 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

Postal code: 0481

Postal address:

Postal code:

Tel.no: 0147369502

Fax.no:

E-mail address:

\*Province: Gauteng South

\*Labour Centre to process the claim: KEMPTON PARK

\*Location of the business/farm: Midrand

\*Nature of business, trade or industry: Manufacturing

\*Confirm that the above details are correct:  Yes  No

If N/A, valid entry in a document in section 6 with correct details

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Submit Claim

	Confirm if the information that is auto populated on behalf of the Employer is correct.
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Step	Action
[12]	Click to select the <b>Yes</b> <input checked="" type="radio"/> Yes radio button.



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

Step	Action
[13]	Click the <b>Step 2</b> <b>Step 2</b> button to go to the next page.

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



	<p>Based on the type of identity document that the employee has, the user can select the relevant Radio button.</p> <p>For example, if the employee holds a passport, the user will select the "<b>Passport</b>" Radio button.</p>
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Step	Action
[14]	Click to select the <b>ID Number</b>  radio button.

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

	Enter a valid ID number, and the information relating to the ID will auto populate.
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Step	Action
[15]	Enter <b>8702170380086</b> in the <b>ID No.</b> field.



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

Step	Action
[16]	Click in the <b>area below the scroll bar</b> to scroll down.

## 1.1.17. 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
[17]	Click the <b>Is the injured person a:</b>  drop down option button to display the available list.

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

Invalid entry

Apprentice (Full-Time)

Apprentice (Part-Time)

Regular Employee (Full-Time)

Regular Employee (Part-Time)

Retired

Working Director/Partner/Owner

Trainee

Working member of a CC

Owner of Business

Partner in the Business

Not Applicable

\*Is the injured person a: 

\*Occupation: 

\*Period in your employ(years/months):

\*Expected period of disablement (days):  0-13 Days  14 & More

\*Confirm that the above details are correct:  Yes  No

If No, Please attach a document in section 6 with correct details

Submit Claim

Step	Action
[18]	Click the <b>Is the injured person a: Regular Employee (Full-Time)</b> <b>Regular Employee (Full-Time)</b> option to select it.



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

 Once the correct identity information has been entered, the employee details fields will be auto populated.

Should any information have changed, when the confirm option appears select No and the fields will be open for editing and updating as per WCL forms.

Step	Action
[19]	Click the <b>Occupation</b>  <b>drop down option</b> button to display the available list.



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

Step	Action
[20]	Click the <b>Occupation Technician</b> option to select it.

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

	Enter the Period the individual is employed for (years/months) e.g. 10 years.
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Step	Action
[21]	Enter <b>10</b> in the <b>Period in your employ(years/months)</b> field.

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

E-mail address:

Personnel no:  *Enter digits*

Street address: 0000 167 Thabo Sehume St. Pretoria Central Pretoria

Postal code: 0002

Postal address:

Postal code:

Tel.no: 0000000000

\*Is the injured person a: Regular Employee (Full-Time)

\*Occupation: Technician

\*Period in your employ(years/months): 10

\*Expected period of disablement (days):  0-13 Days  14 & More

\*Confirm that the above details are correct:  Yes  No **22**

If No, Please attach a document in section 6 with correct details

	Select the Expected period of disablement e.g. <b>0-13 Days</b> .
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Step	Action
[22]	Click to select the <b>0-13 Days</b> <input checked="" type="radio"/> 0-13 Days radio button.



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

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

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

Step	Action
[24]	Click the <b>Step 3</b> <input type="button" value="Step 3"/> button to go to the next page.



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

 The next few steps demonstrate how to answer *Accident related Questions*.

These questions must be answered as accurately as per possible, as each question informs and determines the next question.

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 as additional supporting documentation on the claim that is critical when the claim is Adjudicated.

Step	Action
[25]	Enter <b>01.10.2020</b> in the <b>Date of accident</b> field.



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

Step	Action
[26]	Enter <b>12:44:05</b> in the <b>Time of accident</b> field.

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

	Enter the Place of accident (City/Town) e.g. Midrand.
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Step	Action
[27]	Enter <b>Midrand</b> in the <b>Place of accident (City/Town)</b> field.

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

	Enter the place where the accident occurred, e.g. Kylami in the <b>District</b> field.
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Step	Action
[28]	Enter <b>Kylami</b> in the <b>District</b> field.



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

3. Accident

\*Date of accident (Accident must be reported within 7 days from the accident): 01.10.2020

\*Time of accident: 12:44:05

Place of accident (City/Town): Midrand

District: Kyalami

Province: [dropdown menu]

Date employee reported accident: dd.MM.yyyy

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:

\*Short description of how the accident occurred: Refer the machine/process involved, whether the injured person fell or was struck and all the factors contributing to the accident.

Submit Claim

 Select the Province where the accident occurred.

Step	Action
[29]	Click the <b>Province</b>  <b>drop down option</b> button to display the available list.



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

Step	Action
[30]	Click the <b>Province: Gauteng South</b> <b>Gauteng South</b> option to select it.

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

 The date employee reported accident must be in the dd.mm.yyyy format.



Step	Action
[31]	Enter <b>25.09.2020</b> in the <b>Date employee reported accident</b> field.

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

 Briefly indicate, **What task was the employee performing at the time of accident?**  
e.g. Lifting pallets from the truck.

Step	Action
[32]	Enter in the <b>Time employee reported accident</b> field.



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

Step	Action
[33]	Enter <b>lifting the pallet from the truck</b> in the <b>What task was the employee performing at the time of accident?</b> field.

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



 Enter the 'Years and Months' in the Period of experience in the task performed field.

Step	Action
[34]	Enter <b>5 years</b> in the <b>Period of experience in the task performed (years/months)</b> field.

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

3. Accident

\*Date of accident (Accident must be reported within 7 days from the accident): 01.10.2020

\*Time of accident: 12:44:05

Place of accident (City/Town): Midrand

District: Kylami

Province: Gauteng South

Date employee reported accident: 25.09.2020

Time employee reported accident: 00:00:00

\*What task was the employee performing at the time of accident?: lifting the pallet from the truck

Period of experience in the task performed (years/months): 5 years

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:

\*Short description of how the accident occurred: Refer the machine/process involved, whether the injured person fell or was struck and all the factors contributing to the accident

Submit Claim

Step	Action
[35]	Click to select the <b>Yes</b>  radio button.



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

Step	Action
[36]	Click in the <b>area below the scroll bar</b> to scroll down.

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

 Give the short description of how the accident occurred, e.g. Fell while lifting the pallet. The system will indicate to the user if he has exceeded number of characters required.



Step	Action
[37]	Enter <b>Fell whilst lifting the pallet</b> in the <b>Short description of how the accident occurred</b> field.

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

Step	Action
[38]	Enter in the <b>Contributing Factors/Causes</b> field.



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

Step	Action
[39]	Click the <b>Contributing Factors/Courses:</b>  drop down option button to display the available list.

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

Step	Action
[40]	Click to select the <b>Unknown</b> <input type="checkbox"/> checkbox.



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

Step	Action
[41]	Click in the <b>area below the scroll bar</b> to scroll down.

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

Step	Action
[42]	Click to select the <b>Any other contributing factors</b> <input type="checkbox"/> checkbox.



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

 Specify other machinery or contributing factors that led to the accident e.g. Slippery floor.

Step	Action
[43]	Enter <b>slippery floor</b> in the <b>Specify other machinery or contributing factors</b> field.



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

 Select No, if the accident was not a Traffic accident.

Step	Action
[44]	Click to select the <b>No</b>  <b>No</b> radio button.



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

Step	Action
[45]	Click in the <b>area below the scroll bar</b> to scroll down.

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

	Enter the Nature of injury sustained (for an example, index finger of right hand crushed).
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Step	Action
[46]	Enter <b>back injury</b> in the <b>Nature of injury sustained</b> field.

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

Step	Action
[47]	Click the <b>Mark any of the following when applicable:</b>  drop down option button to display the available list.



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

Step	Action
[48]	Click the <b>Mark any of the following when applicable: Spine Injury</b> option to select it.

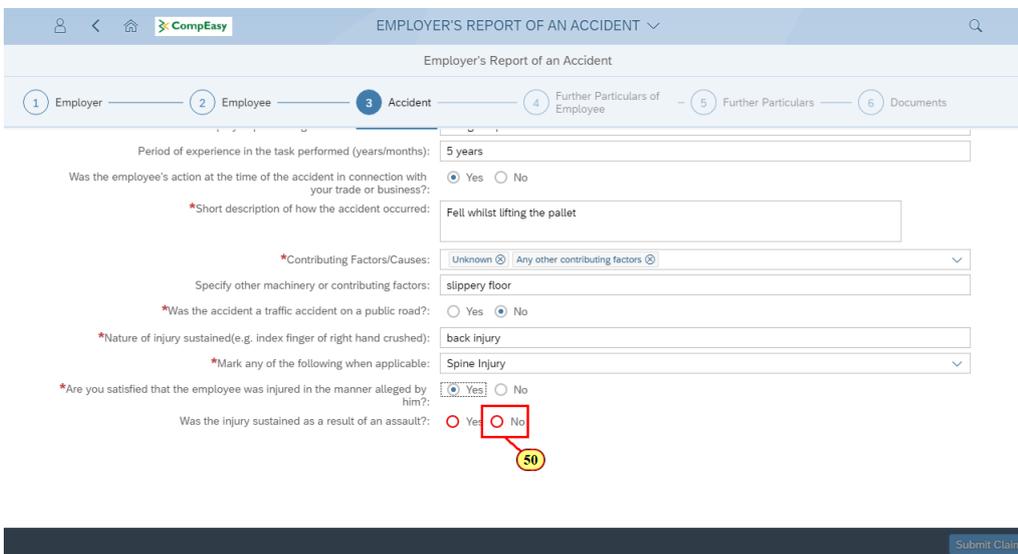
### 1.1.49. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



 Select Yes, if you satisfied that the Employee was injured in the manner alleged.

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

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



 Select No, if the injury sustained was not as a result of an assault.

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



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

Step	Action
[51]	Click the <b>Step 4</b> <b>Step 4</b> button to go to the next page.

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



 Employer can either choose to capture the Earnings either weekly or monthly.

Step	Action
[52]	Click to select the <b>R/Month</b> <input type="radio"/> <b>R/Week</b> radio button.

### 1.1.53. 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 ... : 10000

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

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

\*Are you prepared to make further compensation payments after the first  Yes  No

Submit Claim

 The gross cash earnings including average payments for overtime and/or commission of a constant character R/Month.

Step	Action
[53]	Enter <b>10000</b> in the <b>Gross cash earnings:</b> field.



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

Step	Action
[54]	Click in the <b>area below the scroll bar</b> to scroll down.

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

	If no information available, the employer can capture 0.
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Step	Action
[55]	Enter <b>0</b> in the <b>Allowance of a recurrent nature: Bonus (13th Cheque)</b> field.

### 1.1.56. 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 ... : 10000

Allowance of a Recurrent nature:Bonuses (13th Cheque): 0

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

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
[56]	Enter <b>0</b> in the <b>Allowance of a recurrent nature: Other allowances (Specify nature) R/Month</b> field.



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

### 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 ... :		10000
Allowance of a Recurrent nature:Bonuses (13th Cheque):		0
Allowance of a recurrent nature:Other allowances (Specify nature):		0
Cash value of free food:		0
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
[57]	Enter 0 in the <b>Cash value of free food R/Month</b> field.

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

### 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 ... :		10000
Allowance of a Recurrent nature:Bonuses (13th Cheque):		0
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

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
[58]	Enter 0 in the <b>Cash value of free quarters R/Month</b> field.



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

### 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 ... :	<input type="text" value="10000"/>
Allowance of a Recurrent nature:Bonuses (13th Cheque):	<input type="text" value="0"/>
Allowance of a recurrent nature:Other allowances (Specify nature):	<input type="text" value="0"/>
Cash value of free food:	<input type="text" value="0"/>
Cash value of free quarters:	<input type="text" value="0"/>
Other payment in kind (specify nature):	<input type="text" value="0"/>

59

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
[59]	Enter 0 in the <b>Other payment in kind (specify nature) R/Month</b> field.

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

### 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 ... :	<input type="text" value="10000"/>
Allowance of a Recurrent nature:Bonuses (13th Cheque):	<input type="text" value="0"/>
Allowance of a recurrent nature:Other allowances (Specify nature):	<input type="text" value="0"/>
Cash value of free food:	<input type="text" value="0"/>
Cash value of free quarters:	<input type="text" value="0"/>
Other payment in kind (specify nature):	<input type="text" value="0"/>

60

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
[60]	Click in the <b>area below the scroll bar</b> to scroll down.



## 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

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:  To:

Number of days per week worked by the employee:

Date on which the employee ceased work due to accident:

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

Date on which the employee resumed work:

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

Submit Claim

 Select Yes, if you are prepared to make further compensation payments after the first three(3) months from the Date of Accident.

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



## 1.1.62. 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:  To:  62

Number of days per week worked by the employee:

Date on which the employee ceased work due to accident:

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

Date on which the employee resumed work:

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

Submit Claim

Step	Action
[62]	Enter <b>N/A</b> in the <b>If you have already paid cash (earnings) to the employee, state the total amount R</b> field.

## 1.1.63. 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:  To:  63

Number of days per week worked by the employee:

Date on which the employee ceased work due to accident:

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

Date on which the employee resumed work:

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

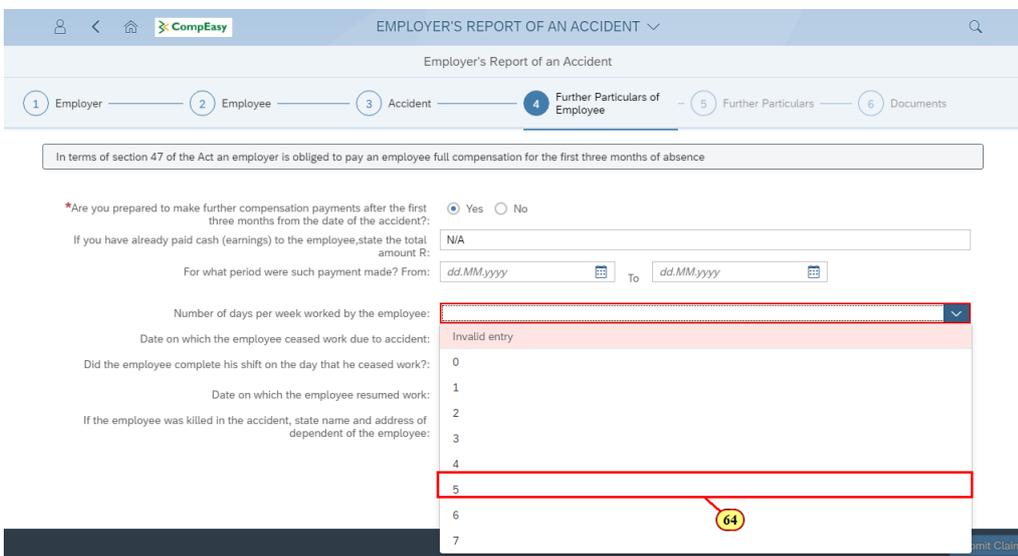
Submit Claim



	Indicate the number of days per week worked by the employee.
---	--

Step	Action
[63]	Click the <b>Mark any of the following when applicable:</b>  drop down option button to display the available list.

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



Step	Action
[64]	Click the <b>Number of days per week worked by the employee:</b> 5 <sup>5</sup> option to select it.



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

Step	Action
[65]	Enter <b>01.10.2020</b> in the <b>Date on which the employee ceased work due to accident dd.mm.yyyy</b> field.

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



	Select No, if the Employee did not complete his shift on the day that he/she ceased work.
---	---

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

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

Step	Action
[67]	Click in the <b>area below the scroll bar</b> to scroll down.



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

Step	Action
[68]	Click the <b>Step 5</b> <b>Step 5</b> button to go to the next page.

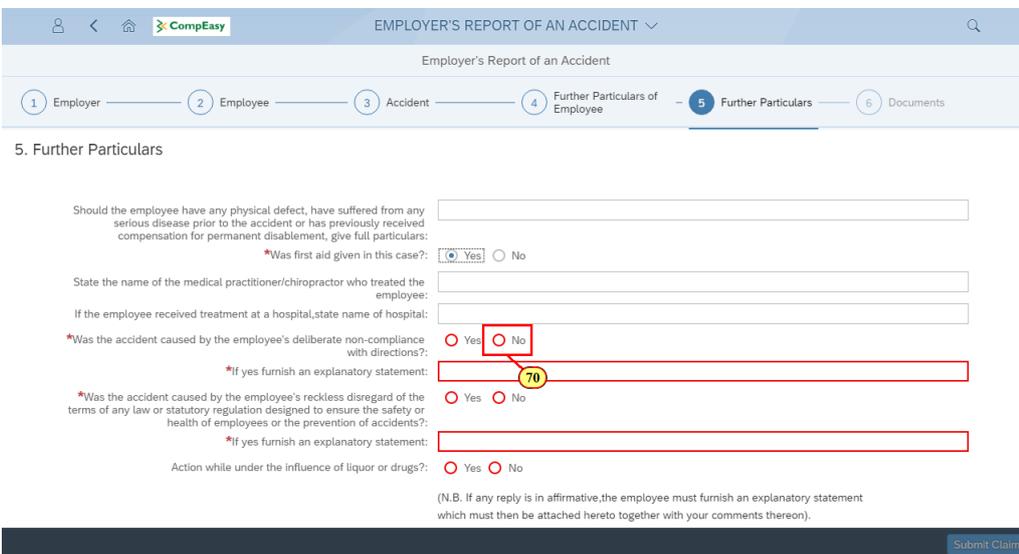
## 1.1.69. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



	Select Yes, if the First aid was given or not on the day of the accident.
---	---

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

### 1.1.70. 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

\*If yes furnish an explanatory statement:

\*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 which must then be attached hereto together with your comments thereon).

[Submit Claim](#)

	This is a liability determining question, the Employer must indicate if the accident was caused by the Employee's deliberate non-compliance by selecting either Yes or No.
---	--

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



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

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

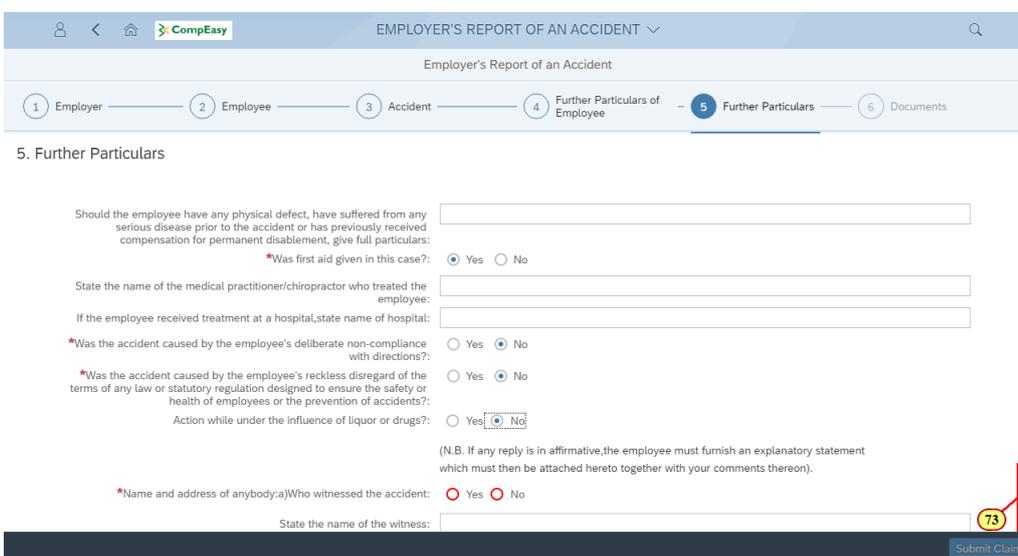
## 1.1.72. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



	Select Yes or No, if the Employee was operating under the influence of Liquor or drugs, this is also a liability question.
---	--

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

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



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:

State the name of the witness:

Step	Action
[73]	Click in the <b>area below the scroll bar</b> to scroll down.



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

 Employer can indicate if the name and address of anybody who witnessed the accident.

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



## 1.1.75. 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

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

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:  Yes  No

\*Name of Police Station: \_\_\_\_\_

\*State the Docket number of the case: \_\_\_\_\_

Submit Claim

 Employer can indicate if the accident was investigated by SA Police.

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



## 1.1.76. 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 this also 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 who witnessed the accident:

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:

Step 6 76

Submit Claim

Step	Action
[76]	Click the <b>Step 6</b> <b>Step 6</b> button to go to the next page.

## 1.1.77. 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 marked with an \* in Document Type list. Note that a Certified copy of the SA ID, Passport or Work Permit is required.

\*Document type

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 an injury on duty, are to the best of my knowledge and belief true and accurate.

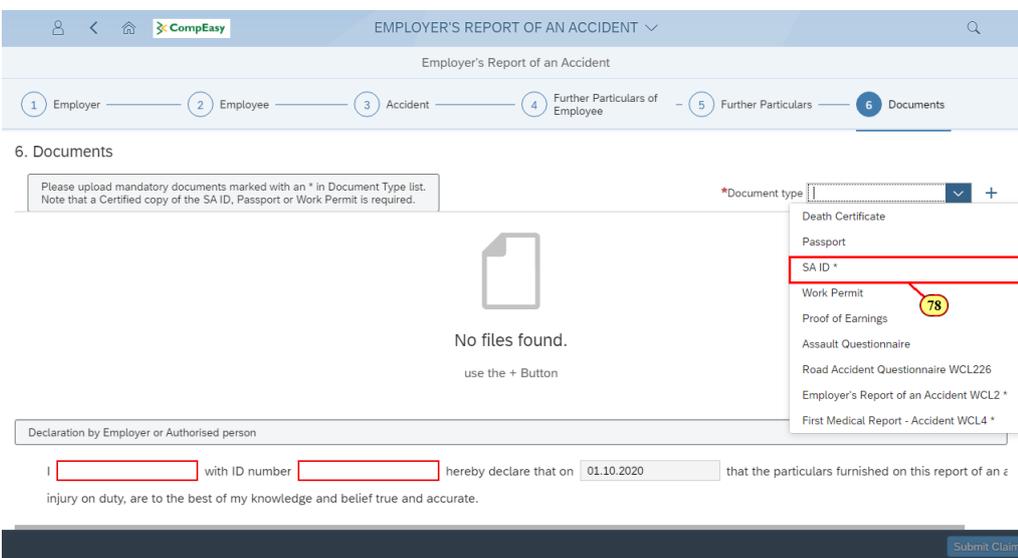
Submit Claim



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

Step	Action
[77]	Click the <b>Document type</b>  <b>drop down option</b> button to display the available list.

### 1.1.78. 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 marked with an \* in Document Type list. Note that a Certified copy of the SA ID, Passport or Work Permit is required.

\*Document type

- Death Certificate
- Passport
- SA ID \*
- Work Permit (78)
- 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  that the particulars furnished on this report of an injury on duty, are to the best of my knowledge and belief true and accurate.

Submit Claim

Step	Action
[78]	Click on the <b>SA ID SA ID *</b> option to select it.



### 1.1.79. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

6. Documents

Please upload mandatory documents marked with an \* in Document Type list. Note that a Certified copy of the SA ID, Passport or Work Permit is required.

\*Document type SA ID +

No files found.

use the + Button

Declaration by Employer or Authorised person

I [ ] with ID number [ ] hereby declare that on 01.10.2020 that the particulars furnished on this report of an injury on duty, are to the best of my knowledge and belief true and accurate.

Submit Claim

Step	Action
[79]	Click the <b>Add</b> + button to upload a document.

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

Choose File to Upload

This PC > Desktop > Claim Reg Documents

Name	Date modified	Type	Size
SA ID.pdf	2019/10/14 10:28	Adobe Acrobat D...	181 KB
Employer's report of an accident WCL2.pdf	2019/10/14 10:28	Adobe Acrobat D...	181 KB
First Medical Report - Accident WCL4.pdf	2019/10/14 10:28	Adobe Acrobat D...	181 KB
Proof of Address.pdf	2019/10/14 10:28	Adobe Acrobat D...	181 KB
Proof of Earning.pdf	2019/10/14 10:28	Adobe Acrobat D...	181 KB

File name: [ ] All Files (\*.\*)

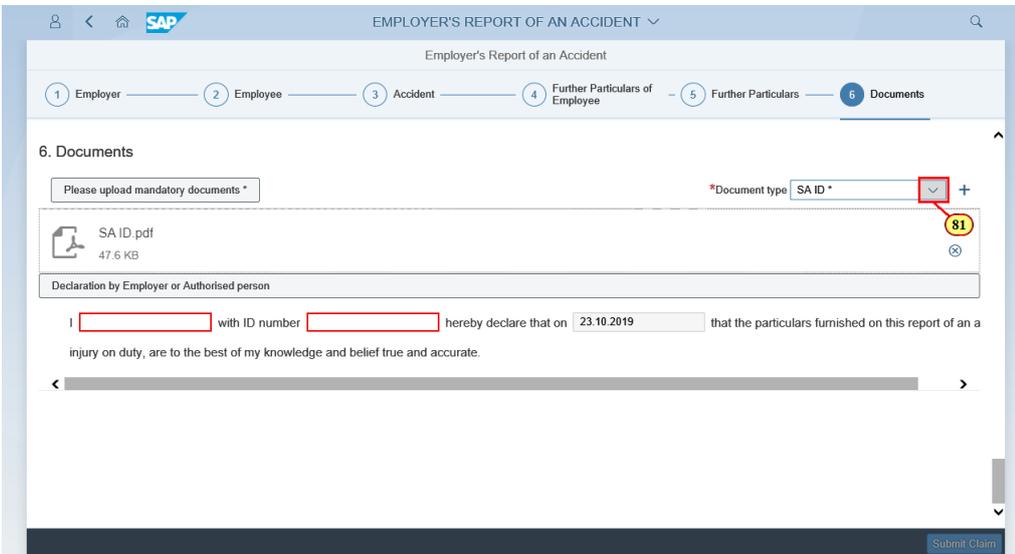
Open Cancel

Submit Claim

Step	Action
[80]	Double click on the <b>SA ID.pdf</b> SA ID.pdf file to select it.

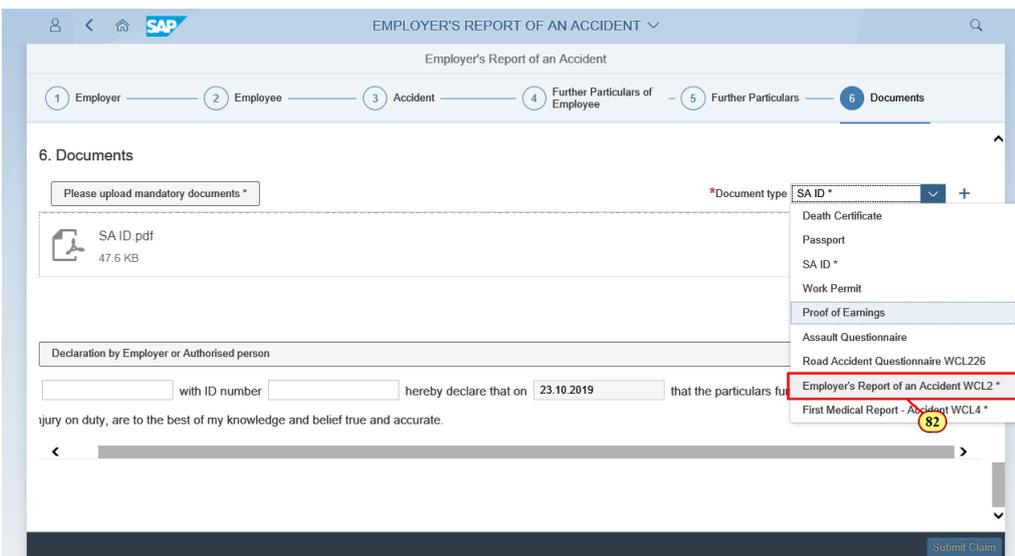


### 1.1.81. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer



Step	Action
[81]	Click the <b>Document type</b>  <b>drop down option</b> button to display the available list.

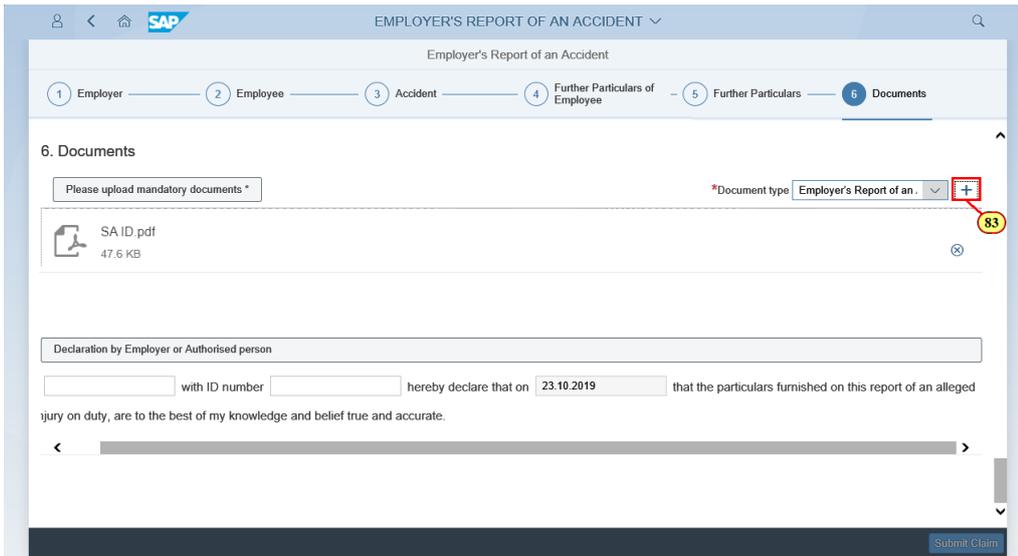
### 1.1.82. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer





Step	Action
[82]	Click on the <b>Employer's Report of an Accident WCL2</b> <b>Employer's Report of an Accident WCL2 *</b> option to select it.

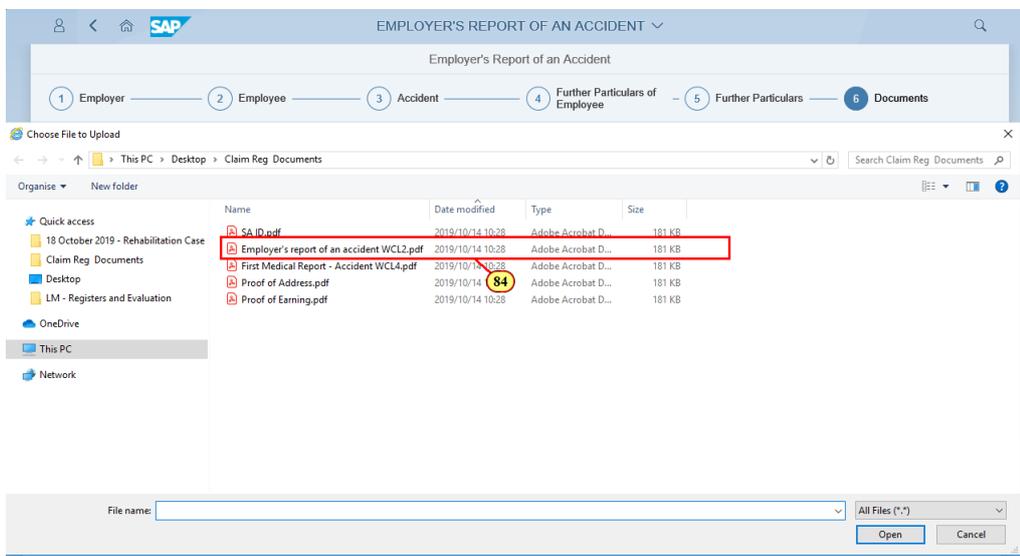
### 1.1.83. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer



Step	Action
[83]	Click the <b>Add</b>  button to upload a document.

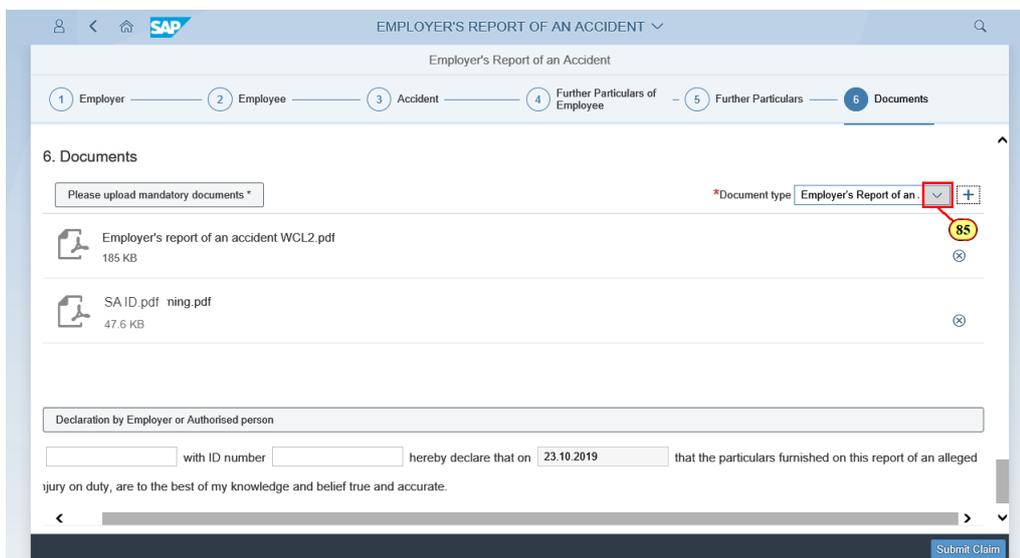


### 1.1.84. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer



Step	Action
[84]	Click the <b>Add</b>  <b>Employer's report of an accident WCL2.pdf</b> button to upload a document.

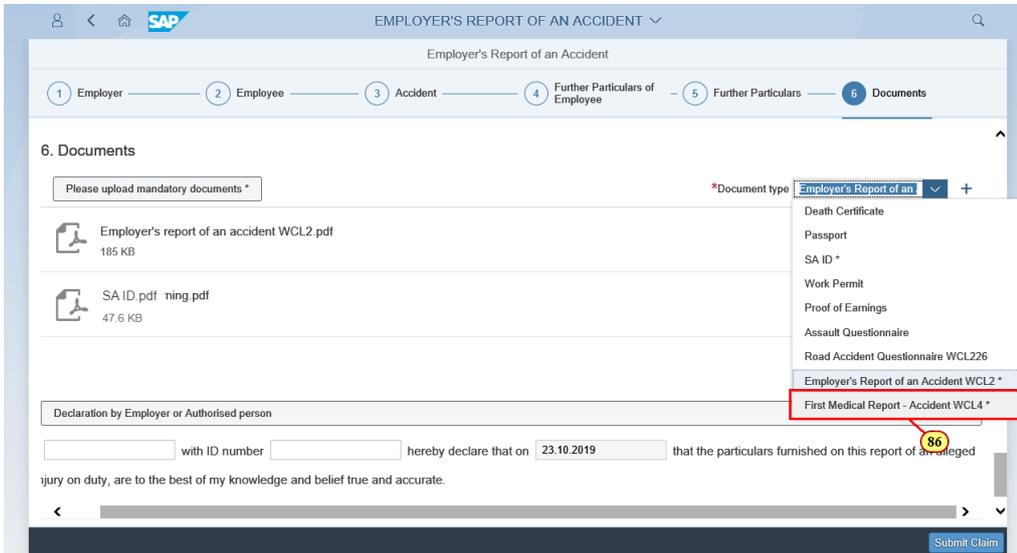
### 1.1.85. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer



Step	Action
[85]	Click the <b>Document type</b>  <b>drop down option</b> button to display the available list.

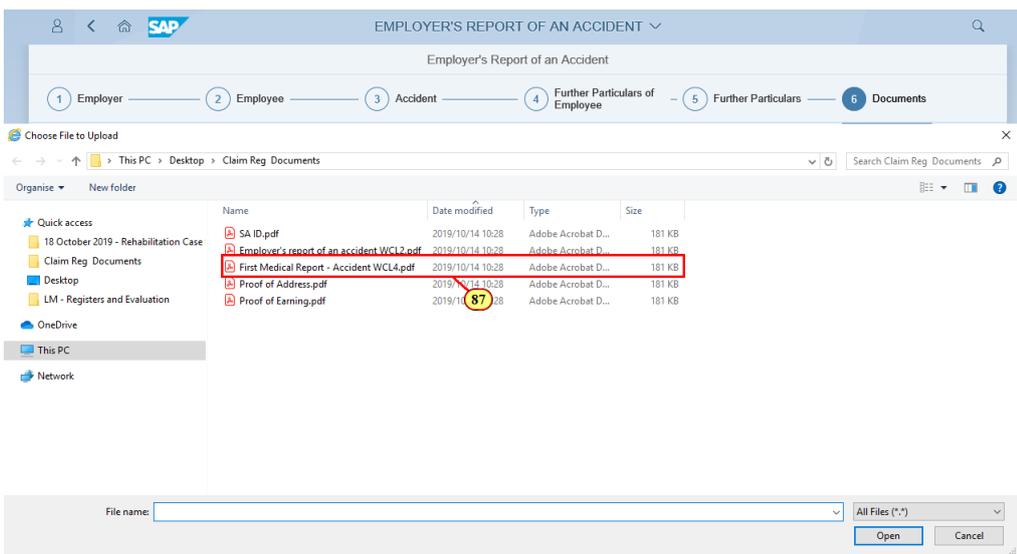


### 1.1.86. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer



Step	Action
[86]	Double click on the <b>First Medical Report - Accident WCL4</b> <b>First Medical Report - Accident WCL4 *</b> option to select it.

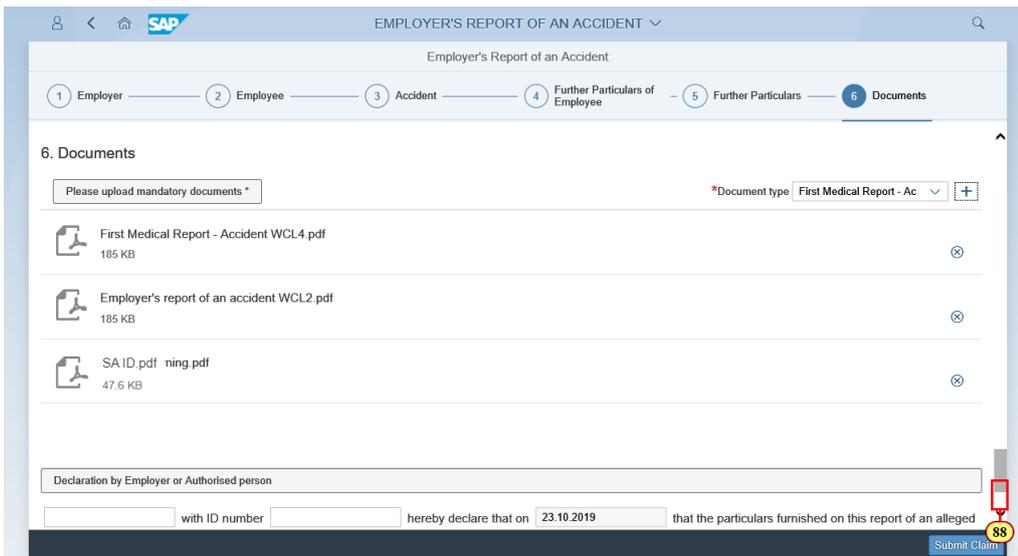
### 1.1.87. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer





Step	Action
[87]	Double click on the <b>First Medical Report - Accident WCL4</b>  <b>First Medical Report - Accident WCL4.pdf</b> option to select it.

### 1.1.88. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer



Step	Action
[88]	Click in the <b>area below the scroll bar</b> to scroll down.



## 1.1.89. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer

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

185 KB

Employer's report of an accident WCL2.pdf  
185 KB

SA ID.pdf  
47.6 KB

Declaration by Employer or Authorised person  
s.maj

I [red box] with ID number [ ] hereby declare that on 23.10.2019 that the particulars furnished on this report of an al injury on duty, a 89 the best of my knowledge and belief true and accurate.

Submit Claim

 In the Declaration section, enter the name and ID number of the user that registered the claim.

Step	Action
[89]	Enter <b>Nzwili</b> in the <b>I</b> field.



## 1.1.90. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer

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

185 KB

Employer's report of an accident WCL2.pdf  
185 KB

SA ID.pdf  
47.6 KB

ning.pdf  
185 KB

Declaration by Employer or Authorised person

I Nzwili with ID number [red box] hereby declare that on 23.10.2019 that the particulars furnished on this report of an injury on duty, are to the best of my knowledge and belief [90] and accurate.

Submit Claim

Step	Action
[90]	Enter <b>7902026613083</b> in the <b>ID number</b> field.

## 1.1.91. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer

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

185 KB

Employer's report of an accident WCL2.pdf  
185 KB

Proof of Earning.pdf  
185 KB

Proof of Address.pdf  
185 KB

ning.pdf  
185 KB

Declaration by Employer or Authorised person

I Nzwili with ID number 7902026613083 hereby declare that on 23.10.2019 that the particulars furnished on this report of an injury on duty, are to the best of my knowledge and belief true and accurate.

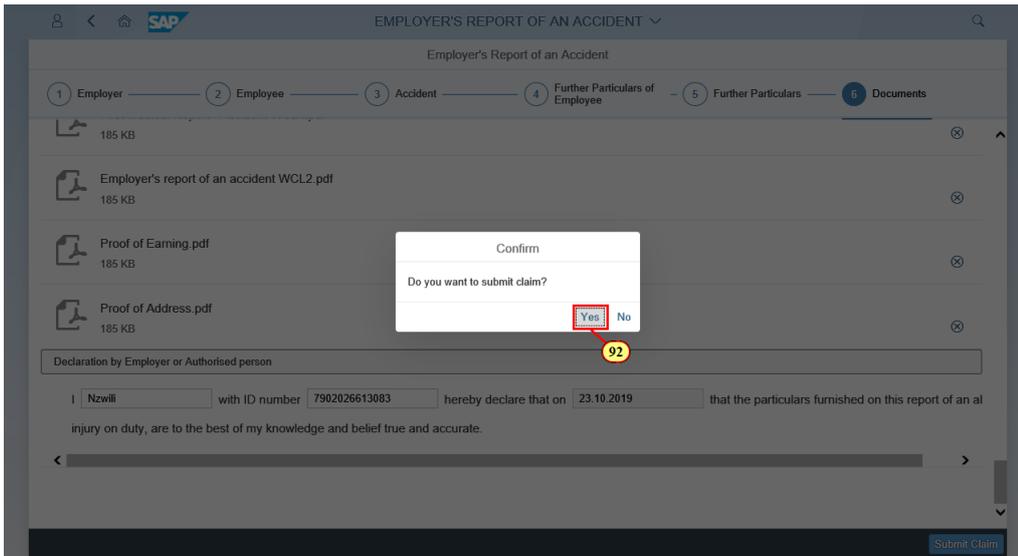
Submit Claim [91]

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



Step	Action
[91]	Click the <b>Submit Claim</b>  button to submit the claim.

### 1.1.92. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer

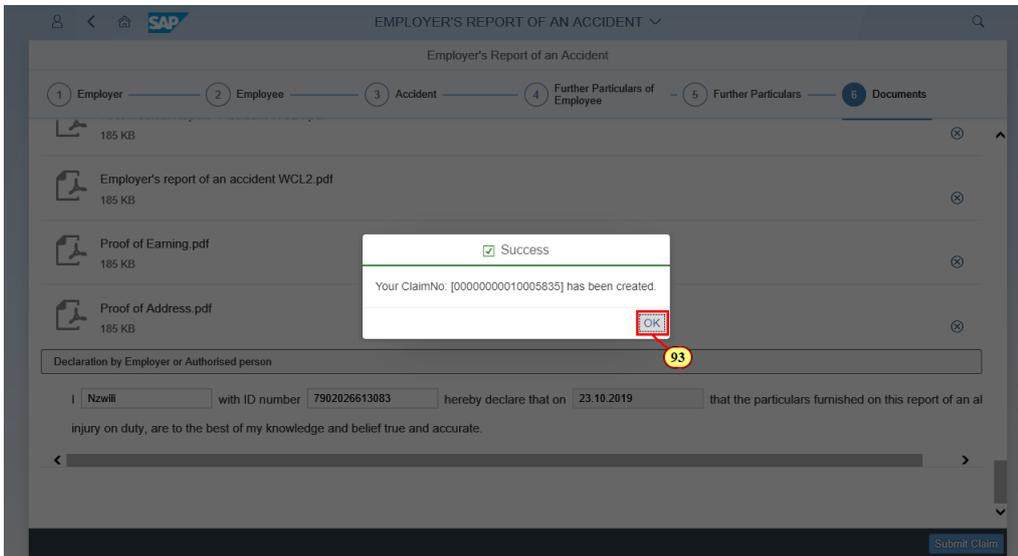


 Please take note of the **Confirm** message displayed in the pop-up window.

Step	Action
[92]	Click the <b>Yes</b>  button to confirm the submission.



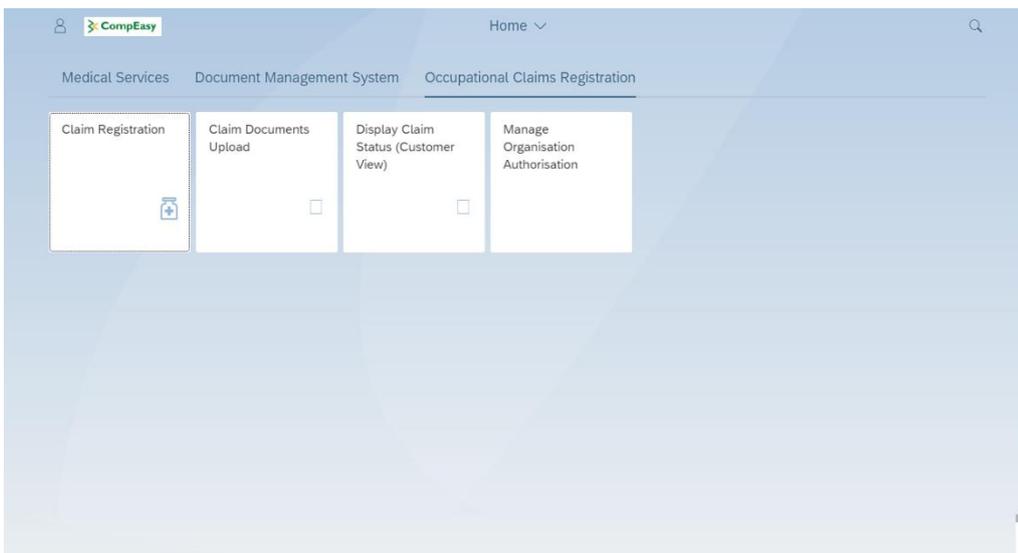
### 1.1.93. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer



 Please take note of the message displayed in the pop-up window indicating the claim number.

Step	Action
[93]	Click the <b>OK</b>  button to acknowledge the message.

### 1.1.94. Home - Google Chrome





Well done! You have successfully completed lodging a claim.