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Objectives

The objectives of the Policy Development/Review, Adjudication and Registration Sub-directorate are:

- Development of new policies and the review of existing policies in respect of occupational injuries/diseases.
- Registration of all new claims received and the scanning and indexing of all reports and medical accounts received.
- Adjudication of all claims.

Key Performance Areas

- To reduce the turn around time for awarding compensation.
- To reduce the number of duplicate documents captured.
- To reduce the period taken in registering new claims.

Achievements

- All new claims received are now being registered within 24 hours of receipt.
- In concentrating on those cases where all the necessary documents were received when adjudicating, the acceptance rate of claims increased from 30% to 70%.

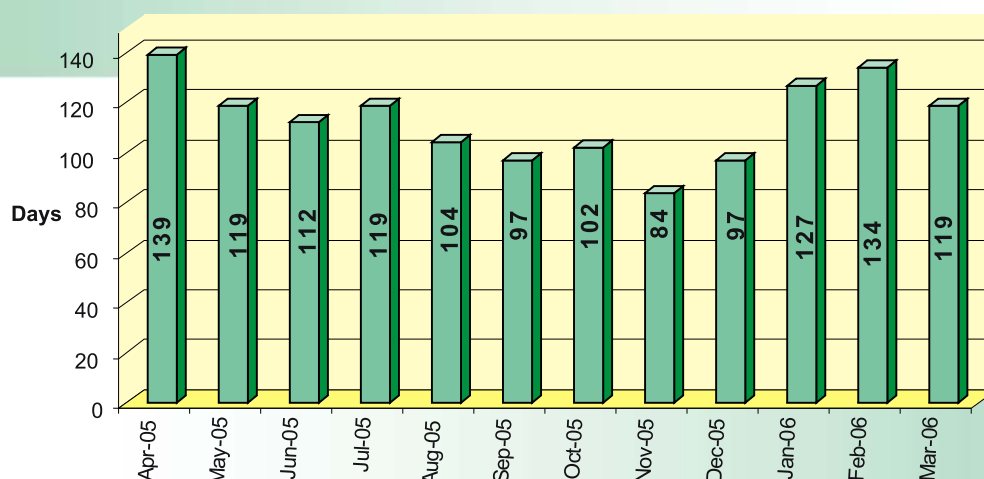
External Impact

The payment of compensation and medical accounts increased as a result of the abovementioned achievements.

Reporting of Accidents

The Act requires employers to report occupational injuries within seven days of them being reported to them and occupational diseases within fourteen days of them being diagnosed. The current reporting of occupational injuries/diseases is still far from satisfactory as depicted by the following graph for the financial year 2005/2006. Although the average number of day's delay in reporting from the date of an accident/date of diagnosis of an occupational disease has decreased from 123 days in the previous year to 112 days, this state of affairs is still not acceptable at all. The Act makes provision for penalties to be levied against employers who do not report within the prescribed time limits, the amount of which can be the entire cost of the claim. It is not in the best interest of employers not to report within the time limit. The new year will see the implementation of the automatic levying of penalties for defaulting employers.

Number of days from date of Accident/date of diagnosis of Occupational Disease to date of reopening for the Financial Year ended 31 March 2006



**Table 1
Number of accidents reported**

Year	Accident Fund	Exempted Employers	Total
2000/2001	202 299	21 316	223 615
2001/2002	253 666	26 965	280 631
2002/2003	210 020	20 254	230 274
2003/2004	217 680	19 853	237 533
2004/2005	201 003	17 870	218 873
2005/2006	219 399	18 581	237 980



Table 2
Number of claims repudiated

Year	Number
2000/2001	1 984
2001/2002	1 798
2002/2003	3 307
2003/2004	2 453
2004/2005	5 712
2005/2006	9 558

The number of claims repudiated increased by 67,33% from 5 712 in 2004/05 to 9 558 in 2005/06. The reason for this increase is the fact that an Adjudication Division was established in April 2005 with the sole responsibility of adjudicating upon liability of all claims. The increase was also evident in the number of claims accepted.

Scanning and indexing of documents/Claims files

Since the office started to scan and index incoming documents and claims files in 1999, a total of over 90 million documents have been scanned and indexed.

The implementation of new scanning and indexing hardware and software will see a further improvement in the scanning and indexing of documents as well as the quality of the images and elimination of duplicates which has been a major hazard to date.

Challenges

- Improve the turnaround time in claims payment.
- Eliminate the backlog still existing in adjudication.
- Business Process Re-engineering and Restructuring
- Decentralization of more COIDA services