

1.1. Custom App - Claim Registration WCL 1

Purpose

The purpose of this transaction is to lodge a notification of an Occupational Disease claim (WCL 1) using the CompEasy System.

Business Scenario

In this scenario the Authorised User, the Employer, in this example, lodges an Occupational Disease 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 workrelated 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 WCL1 Occupational Disease Notification form.
- Completed WCL22 Medical Report.
- Proof of Identity.
- Additional related medical reports

1.1.1. Home - Google Chrome

8 54			Home \checkmark			Q
Compensation Fund	d Apps for Employers	Compensation Fund:	Service Providers	Bank Relationship	Cash Operations	~
Claim Registration	Upload Documents					
ē	Ē					
Compensa 1 Fund	d: Service Providers					
Change Claim (Expert Mode) ICLCDC02	Upload Documents					
Bank Relationship						
Manage Banks	Manage Bank Accounts	Manage Bank Accounts	My Inbox For Bank Accounts	My Sent Requests For Bank Accounts	Maintain Signatory For Multiple Accounts	
Step Actio	on					



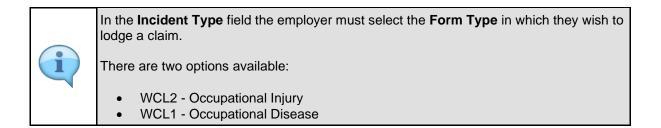




Step	Action
[1]	Click on the Claim Registration Claim Registration to access the transaction.

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

8 < 6 SAP	EMPLOYER'S REPOR	T OF AN ACCIDENT $ \smallsetminus $	Q
	Employer's Repo	ort of an Accident	
	Ð	<u> 전</u>	
	Occupational Injuries Registration	Occupational Diseases Registration	
	Registration	Diseases Registration	
	Occupational Injuries	Occupational Diseases	
		(2)	



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







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

A C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT V
Employe	's Report of an Occupational Disease
1 Employee 3 Occpation	hal Disease — (4) Other Particulars of (5) Further Particulars — (6) Documents
1. Employer	
*Province:	✓
*Labour Centre to process the claim:	<u>_</u>
Registered name with the Compensation Commissioner:	
*Registered number of this business with the Compensation Commissioner:	Please enter valid contract number, start with 99
Contact person:	
Street address:	
Postal code:	
Postal address:	
Postal code:	
Tel.no:	
Fax.no:	
E-mail address:	

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

8 <	C SAP EMPLOYER	R'S REPORT OF AN ACCIDENT \lor	Q
	Employer	s Report of an Occupational Disease	
1 Employer -	2 Employee 3 Occpation	al Disease — (4) Other Particulars of (6) Further Particulars — (6) Documents	
1. Employer			
	*Province:		
	*Labour Centre to process the claim:	Eastern Cape	
	Registered name with the Compensation Commissioner:	Freestate	
	*Registered number of this business with the Compensation	Gauteng North	
	Commissioner:	Gauteng North	
	Street address:	KwaZulu Natal	
	Postal code:	Limpopo	
	Postal address:	Mpumalanga	
	Postal code:	Northern Cape	
	Tel.no:	Northwest	
	Fax.no:	Western Cape	
	E-mail address:		







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

A C SAP EMPLOYER	R'S REPORT OF AN ACCIDENT \checkmark	Q
Employer	's Report of an Occupational Disease	
1 Employer 2 Employee 3 Occpation	al Disease — (4) Other Particulars of (5) Further Particulars — (6) Docum	nents
. Employer		
*Province:	Gauteng South	~
*Labour Centre to process the claim:	KEMPTON PARK	\sim \sim
Registered name with the Compensation Commissioner:		
*Registered number of this business with the Compensation Commissioner:	Please enter valid contract number, start with 99	
Contact person:		
Street address:		
Postal code:		
Postal address:		
Postal code:		
Tel.no:		
Fax.no:		
E-mail address;		Pubmit Claim

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

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

8 <	C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT $ imes $	Q
	Employe	's Report of an Occupational Disease	
1 Employer	2 Employee 3 Occpation	hal Disease — (4) Other Particulars of - (5) Further Particulars — (6) Doc	uments
. Employer			
	*Province:	Gauteng South	\sim
	*Labour Centre to process the claim:	KEMPTON PARK	\sim
	Registered name with the Compensation Commissioner:		
		990000382040	
	Commissioner: Contact person:	6	
	Street address:		
	Postal code:		
	Postal address:		
	Postal code:		
	Tel.no:		
	Fax.no:		
	E-mail address:		
			Submit Cl







	In the "Registered Number of this Business with the Compensation Commissioner" field the Employer Contract number starting with 99 is entered.
1	Once the correct contract number has been entered, the employer information will be populated in the fields below.
	If the employer contract number does not exist please contact Customer Services for assistance.

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

A 🖒 🏧 Employe	R'S REPORT OF AN ACCIDENT $ arsigma$	Q
Employer	's Report of an Occupational Disease	
1 Employer 2 Employee 3 Occpation	al Disease — (4) Other Particulars of (5) Further Particulars — (6) Documents	
1. Employer		
*Province:	Gauteng South	·
*Labour Centre to process the claim:	KEMPTON PARK	
Registered name with the Compensation Commissioner:	J M B INDUSTRIAL SUPPLIES	
*Registered number of this business with the Compensation Commissioner:	990000382040	
Contact person:		
Street address:	XXXXXXXXX TASBET PARK	
Postal code:	9999	
Postal address:		. r
Postal code:		
Tel.no:	999999999	
Fax.no:	6560388	7
E-mail address:	admin@labour.co.za	
	s	Submit Claim

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

A C A SOF	R'S REPORT OF AN ACCIDENT $ \smallsetminus $	Q
Employer	's Report of an Occupational Disease	
	al Disease — (4) Other Particulars of (5) Further Particulars — (6) Documents	
*Registered number of this business with the Compensation Commissioner: Contact person:	9900038204d	
Street address:	XXXXXXXXX TASBET PARK	
Postal code:	9999	
Postal address:		
Postal code:		
Tel.no:	999999999	
Fax.no:	6560388	
E-mail address:	admin@labour.co.za	1
*Location of the business/farm:		
*Nature of business, trade or industry:		

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

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

8 <	C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT $ \!$	Q
	Employer	's Report of an Occupational Disease	
1 Employer -	2 Employee 3 Occpation	al Disease — (4) Other Particulars of (6) Further Particulars — (6) Documents	
	*Registered number of this business with the Compensation Commissioner:	990000382040	
	Contact person: Street address:	XXXXXXXXXXX TASBET PARK	
	Postal code:	9999	
	Postal address:		
	Postal code:		
	Tel.no:	9999999999	
	Fax.no:	6560388	
	E-mail address:	admin@labour.co.za	
	*Location of the business/farm:	Germiston	
	*Nature of business, trade or industry:		
		۲	-
			_

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







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

8 < 1	SAP EMPLOYE	R'S REPORT OF AN ACCIDENT $ \!$	Q
	Employer	's Report of an Occupational Disease	
1 Employer	2 Employee 3 Occpation	al Disease — (4) Other Particulars of6 Further Particulars — (6) Documents	
1	Registered number of this business with the Compensation Commissioner: Contact person:	990000382040	
	Street address:	XXXXXXXXX TASBET PARK	
	Postal code:	9999	
	Postal address:		
	Postal code:		
	Tel.no:	999999999	
	Fax.no:	6560388	
	E-mail address: *Location of the business/farm:	admin@labour.co.za Germiston	
	*Nature of business, trade or industry:	Logistics	- I
Step 2	,, ,, ,, ,, ,, ,, ,, ,, ,, , .		
		3	Submit Claim
Step	Action		

Click the Step 2 button to display the next task.

Step 2

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

a < 🗟 SAP	EMPLOYER'S REPORT OF AN ACCIDENT \checkmark	Q
	Employer's Report of an Occupational Disease	
	Other Particulars of Conther Dationary	
1 Employer 2 Employee	- 3 Occpational Disease (4) Other Particulars of (5) Further Particulars (6) Documen	ts
2. Employee		
*Certified Copy of Identity Document to be Attached in section 6	à.	
	Surname:	
	First names:	
۲	*ID Type: O D Number O Passport O Work permit	
	Date of birth:	
	Sex:	
	Marital state:	
	Citizen of:	_
	Personnel no:	
	*Occupation:	



[10]

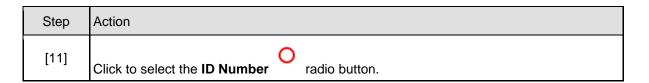
Based on the type of identity document that the employee has, the user can select the relevant Radio button.

For example, if the employee holds a passport, the user will select the "Passport" Radio button.









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

8 < 6	SAP	EMPLOYER'S REPORT OF AN ACCIDENT \checkmark	Q
		Employer's Report of an Occupational Disease	
1 Employer	2 Employee		
2. Employee			
*Certified Copy of Iden	ity Document to be Attached in section	on 6:	
		s (j) Information	
		Please enter 13 digit ID number.	
		Date of birth: 12	
		Sex:	
		Marital state:	
		Citizen of:	
		Personnel no:	
		*Occupation:	

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







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

A 🕻 🔝 EMPLOYE	ER'S REPORT OF AN ACCIDENT $ arsigma$	Q
Employe	r's Report of an Occupational Disease	
1 Employer 2 Employee 3 Occpatio	nal Disease — (4) Other Particulars of (5) Further Particulars — (6) Documents	
2. Employee		
*Certified Copy of Identity Document to be Attached in section 6.		
Surname: First names: *ID Type: 7104165167084 Date of birth: Sex: Marital state: Citizen of: Personnel no: *Occupation:		

If the employee record does not exist in the system a pop-up message will display informing the employer to contact Customer Services.
() Error
Disallow claim, inform user to contact Customer Services
Close

Step	Action
[13]	Enter 7104165167084 in the ID No. field.







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

8 < 🗠 SAP	EMPLOYE	R'S REPORT OF AN ACCIDENT \vee	Q
	Employer	's Report of an Occupational Disease	
1) Employer 2 Employee	3 Occpation	al Disease — (4) Other Particulars of (5) Further Particulars — (6) Docume	ents
Employee			
*Certified Copy of Identity Document to be Attached in se	ection 6.		
	Surname:		
	First names:	ABRAM BEKKER	
	*ID Type:	● ID Number ○ Passport ○ Work permit	
	ID No.:	7104165167084	
	Date of birth:	16.04.1971	
	Sex:	Male	
	Marital state:	Single	
	Citizen of:	South African	
	Personnel no:	our Ander	
	*Occupation:		
	Occupation:		(14)

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

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

A 🖒 SAPY EMPLOYE	R'S REPORT OF AN ACCIDENT \lor	Q
Employer	's Report of an Occupational Disease	
1 Employer 2 Employee 3 Occpation	al Disease — (4) Other Particulars of (5) Further Particulars — (6) Documents	
Date of birth:	/10410516/084 16.04.1971	
Sex:	Male	
Marital state:	Single	
Citizen of:	South African	
Personnel no:		
*Occupation:		
Street address:	Driver (15)	
Postal code:	9459	
*Period in your employ (years/months):		
*Is the injured person a:		/
		Submit Claim

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







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

A 🖒 🖄 💁 Employe	ER'S REPORT OF AN ACCIDENT $ \!$	Q
Employe	er's Report of an Occupational Disease	
1 Employer 2 Employee 3 Occpatio	nal Disease — (4) Other Particulars of (6) Documents	
ID NO.:	/10416016/084	
Date of birth:	16.04.1971	
Sex:	Male	
Marital state:	Single	
Citizen of:	South African	
Personnel no:		
*Occupation:	Driver	
Street address:	9459 GAUTENG NORTH GAUTENG NORTH	
Postal code:	9459	
*Period in your employ (years/months):	20 years	
*Is the injured person a:	16	~
		Submit C

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

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

A C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT $ arsigma$	Q
Employer	's Report of an Occupational Disease	
1 Employer 2 Employee 3 Occpation		iments
ID NO.:	/10416516/084	
Date of birth:	16.04.1971	
Sex:	Male	
Marital state:	Single	
Citizen of:	South African	
Personnel no:		
*Occupation:	Driver	
Street address:	9459 GAUTENG NORTH GAUTENG NORTH	
Postal code:	9459	
*Period in your employ (years/months):	20 years	
*Is the injured person a:		\sim
		17



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







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

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

	R'S REPORT OF AN ACCIDENT V	Q
Employer	's Report of an Occupational Disease	
) Employer 2 Employee 3 Occpation	Invalid entry	
	Apprentice (Full-Time)	
Date of birth:	Apprentice (Part-Time)	
	Regular Employee (Full-Time)	
Sex:	Regular Employee (Part-Time)	-
Marital state:	Retired	
Citizen of:	Working Director/Partner/Owner	
Personnel no:	Trainee	
*Occupation:	Working member of a CC	
Street address:	Owner of Business	
Postal code:	Partner in the Business	
*Period in your employ (years/months):	Not Appliicable	
*Is the injured person a:		
		Submit Claim

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

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

A C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT $ \!$	Q
Employer	's Report of an Occupational Disease	
	al Disease — (4) Other Particulars of (5) Further Particulars — (6) Documents	
IU NO.:	/10416516/084	
Date of birth:	16.04.1971	
Sex:	Male	
Marital state:	Single	
Citizen of:	South African	
Personnel no:		
*Occupation:	Driver	
Street address:	9459 GAUTENG NORTH GAUTENG NORTH	
Postal code:	9459	
*Period in your employ (years/months):	20 years	
*Is the injured person a:	Regular Employee (Full-Time)	~
Step 3		
		Submit Claim







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

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

8 < 🏫	EMPLOYER'S REPORT OF AN ACCIDENT V	Q
	Employer's Report of an Occupational Disease	
1 Employer	2) Employee 3) Occpational Disease 4) Other Particulars of 5) Further Particulars 6) Docc	uments
3. Occpational Dise	ease	
	*Nature of disease:	~
	Other disease description:	(20)
	*Date the disease was diagnosed: dd MM yyyy	
	*Alleged cause of disease:	
*State the agent present in the work-place with which the employee had contact that caused the disease:		
	For how long a period was he exposed: *Date employee reported the disease: dd MM yyyy	
	*Date employee reported the disease: dd.MM.yyyy	
	on the name and address of the previous employer if the nployee did not contract the disease in your employment:	
		Submit Claim
Step A	Action	
0.00 //		
[20]		
^[20] C	Click the Nature of Injury drop down button to search for	the require

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

A C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT \sim	Q
Employer	's Report of an Occupational Disease	
(1) Employer (2) Employee (3) Occpation	al Disease — (4) Other Particulars of (5) Further Particulars — (6) Documents	
3. Occpational Disease		
****		_
*Nature of disease:	Invalid entry	-
Other disease description: *Date the disease was diagnosed:	Byssinosis	
*Alleged cause of disease:	HIV/ADS	
*State the agent present in the work-place with which the employee had contact that caused the disease:	Mesothelioma NIHL	
For how long a period was he exposed:	Occupational Asthma Occupational Contact Dermatiti	
*Date employee reported the disease:	Occupational Lung Cancer	
Please mention the name and address of the previous employer if the	PTB associated with silica dus	
employee did not contract the disease in your employment:	Tuberculosis	
	Work Aggravated Asthma	omit Clai







Step	Action
[21]	Click on the Occupational Asthma Occupational Asthma option to select it.

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

A C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT \sim	Q
Employe	r's Report of an Occupational Disease	
1 Employer 2 Employee 3 Occpation	hal Disease (4) Other Particulars of (5) Further Particulars (6) Docu	uments
3. Occpational Disease		
*Nature of disease:	Occupational Asthma	_
Other disease description: *Date the disease was diagnosed:		
"Date the disease was diagnosed.	dd.MM.yyyy	
*Alleged cause of disease:	22	
*State the agent present in the work-place with which the employee had contact that caused the disease:		
For how long a period was he exposed:		
*Date employee reported the disease:	dd.MM.yyyy	
Please mention the name and address of the previous employer if the		
employee did not contract the disease in your employment:		
		Submit Claim

Step	Action
[22]	Enter 02.06.2019 in the Date the disease was diagnosed field.

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

		0
	R'S REPORT OF AN ACCIDENT V	Q
Employe	r's Report of an Occupational Disease	
1 Employer 2 Employee 3 Occpation	hal Disease — (4) Other Particulars of (5) Further Particulars — (6) Documents	
. Occpational Disease		
*Nature of disease:	Occupational Asthma	/
Other disease description:		
*Date the disease was diagnosed:	02.06.2019	1
*Alleged cause of disease:		
*State the agent present in the work-place with which the employee had contact that caused the disease:	Invalid entry 23	
For how long a period was he exposed:		
*Date employee reported the disease:	dd.MM.yyyy	
Please mention the name and address of the previous employer if the employee did not contract the disease in your employment:		
		Submit Claim
Step Action		
Аспол		
COMPENSATION MADE EASY USET	14	
	7	



Step	Action
[23]	Enter Toxic Gases in the Alleged cause of disease field.

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

A C A SAP EMPLOYE	R'S REPORT OF AN ACCIDENT \sim	Q
Employe	r's Report of an Occupational Disease	
1 Employer 2 Employee 3 Occpation	al Disease (4) Other Particulars of (5) Further Particulars (6) Doc	cuments
3. Occpational Disease		
*Nature of disease:	Occupational Asthma	~
Other disease description:		
*Date the disease was diagnosed:	02.06.2019	
*Alleged cause of disease:	Toxic pases	
*State the agent present in the work-place with which the employee had contact that caused the disease:		
For how long a period was he exposed:	24	
*Date employee reported the disease:	dd.MM.yyyy	
Please mention the name and address of the previous employer if the employee did not contract the disease in your employment:		

Step	Action
[24]	Enter chlorine gases in the (State the agent present in the work-place and with which he had contact that caused the disease) field.

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

A C 🔝 SAP EMPLOYE	R'S REPORT OF AN ACCIDENT \sim	Q
Employe	's Report of an Occupational Disease	
1 Employer 2 Employee 3 Occpation	al Disease Other Particulars of Further Particulars 6 Documents	
3. Occpational Disease		
*Nature of disease:	Occupational Asthma	\sim
Other disease description:		
*Date the disease was diagnosed:	02.06.2019	
*Alleged cause of disease:	Toxic gases	
*State the agent present in the work-place with which the employee had contact that caused the disease:	Chio[10 years]	
For how long a period was he exposed:		
*Date employee reported the disease:	dd.MM.yyyy	
Please mention the name and address of the previous employer if the employee did not contract the disease in your employment:	25-	







[26]

Step	Action
[25]	Enter 10 years in the For how long a period was he exposed field.

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

A C 🗟 SAP EMPLOYE	R'S REPORT OF AN ACCIDENT $ \smallsetminus $	Q
Employe	r's Report of an Occupational Disease	
1 Employer 2 Employee 3 Occpation	hal Disease Other Particulars of 6 Documents	
3. Occpational Disease		
*Nature of disease: Other disease description: *Date the disease was diagnosed:	Occupational Asthma V 02.06.2019	
*Alleged cause of disease:	Toxic gases	
*State the agent present in the work-place with which the employee had contact that caused the disease:	Chlorine gases 02.02.2019	
For how long a period was he exposed: *Date employee reported the disease:	10 years dd.MM.yyyy	
Please mention the name and address of the previous employer if the employee did not contract the disease in your employment:	226	
	S	ubmit Claim
Step Action		

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

Enter 02.02.2019 in the Date employee reported the disease field.

		0
A C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT V	Q
Employe	r's Report of an Occupational Disease	
1 Employer 2 Employee 3 Occpation	hal Disease — (4) Other Particulars of - (5) Further Particulars — (6) Docu	ments
3. Occpational Disease		
*Nature of disease:	Occupational Asthma	~
Other disease description:		
*Date the disease was diagnosed:	02.06.2019	
*Alleged cause of disease:	Toxic gases	
*State the agent present in the work-place with which the employee had contact that caused the disease:	Chlorine gases	
For how long a period was he exposed:	10 years	
*Date employee reported the disease:	02.02.2019	
Please mention the name and address of the previous employer if the employee did not contract the disease in your employment:	Invalid entry	
		Subnamaim
Step Action		
COMPENSATION MADE EASY USER	16	



Click the Step 4 Step 4

[28]

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

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

A C A SOF EMPLOYE	R'S REPORT OF AN ACCIDENT \checkmark	Q
Employe	's Report of an Occupational Disease	
1 Employer 2 Employee 3 Occpation	hal Disease Other Particulars of Further Particulars 6 Docum	ients
*Date the disease was diagnosed:	02.06.2019	•••
*Alleged cause of disease:	Toxic gases	
*State the agent present in the work-place with which the employee had contact that caused the disease:	Chlorine gases	
For how long a period was he exposed:	10 years	
*Date employee reported the disease:	02.02.2019	
Please mention the name and address of the previous employer if the employee did not contract the disease in your employment:		
What type of work was the employee performing with the other employer:		
Step 4 28		
		Submit Claim
Step Action		

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

button to display the next task.

A C A SAP EMPLOYE	R'S REPORT OF AN ACCIDENT \vee		Q
Employe	's Report of an Occupational Disease		
Employer 2 Employee 3 Occpatio	al Disease — Other Particulars of Employee	- 5 Further Particulars — 6 Docume	ents
her Particulars of Employee			
Earnings of employee at the time of the diagnosis of the disease. *Attach co	y of payslip as at time of diagnoses in section 6.		
Basic earning:			
-			
Gross cash earnings:(including average payments for overtime and/or commission of a constant character):	29		
Allowances of a recurrent nature: Bonuses (i.e. 13th cheque):			
Allowance of a recurrent nature:Other allowances (Specify nature):			
Cash value of free food:			
Cash value of free quarters:			
Are you prepared to make cash payments during temporary disablement that last longer than three months?:	○ Yes ○ No		







Step	Action
[29]	Click to select the R/Month O radio button.

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

8 < 1	EMPLOYE	R'S REPORT OF AN ACCIDENT $ arsigma$	Q
	Employe	r's Report of an Occupational Disease	
1 Employer —	2 Employee 3 Occpation	hal Disease — Other Particulars of _ 5 Further Particulars —	6 Documents
4. Other Particu	lars of Employee		
Earnings of err	ployee at the time of the diagnosis of the disease. *Attach co	y of payslip as at time of diagnoses in section 6.	
	Basic earning:	O R/Week • R/Month	
Gross cas	h earnings:(including average payments for overtime and/or commission of a constant character):	RMonth	
А	llowances of a recurrent nature: Bonuses (i.e. 13th cheque):	R/Month 30	
Allowa	ince of a recurrent nature:Other allowances (Specify nature):	R/Month	
	Cash value of free food:	R/Month	
	Cash value of free quarters:	R/Month	
	ared to make cash payments during temporary disablement that last longer than three months?	○ Yes ○ No	
*If you have	already paid cash (earnings) to the employee,state the total amount R:		
Step	Action		
[30]	Enter 14000 in the Gross	s cash earnings field.	

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

A C SAP EMPLOYE		Q
Employe	er's Report of an Occupational Disease	
Employer 2 Employee 3 Occpation	nal Disease — (1) Other Particulars of 6 Documents Employee 6 Documents	
ner Particulars of Employee		
Earnings of employee at the time of the diagnosis of the disease. *Attach cop	ppy of payslip as at time of diagnoses in section 6.	
Basic earning:	 R/Week R/Month 	
Gross cash earnings:(including average payments for overtime and/or commission of a constant character):	14000	
Allowances of a recurrent nature: Bonuses (i.e. 13th cheque):	Rimonth	
Allowances of a recurrent nature: Bonuses (i.e. 13th cheque): Allowance of a recurrent nature:Other allowances (Specify nature):	R/Month	
	Riviontn	
Allowance of a recurrent nature:Other allowances (Specify nature):	R/Maonin R/Maonin 31	
Allowance of a recurrent nature:Other allowances (Specify nature): Cash value of free food:	R/Maonin R/Maonin R/Maonin	
Allowance of a recurrent nature:Other allowances (Specify nature): Cash value of free food:	R/Maonin R/Maonin R/Maonin	
Allowance of a recurrent nature:Other allowances (Specify nature): Cash value of free food:	R/Maonin R/Maonin R/Maonin	







Step	Action
[31]	Enter 12000 in the Allowance of a recurrent nature field.

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

8 < 1	EMPLOYE	R'S REPORT OF AN ACCIDENT $ \!$	٩
	Employe	r's Report of an Occupational Disease	
1 Employer —	2 Employee 3 Occpation	hal Disease — Other Particulars of _ 5 Further Particulars — 6	Documents
4. Other Particu	lars of Employee		
Earnings of em	ployee at the time of the diagnosis of the disease. "Attach co	py of payslip as at time of diagnoses in section 6.	
	Basic earning:	O R/Week R/Month	
Gross cas	h earnings:(including average payments for overtime and/or commission of a constant character):	14000	
А	llowances of a recurrent nature: Bonuses (i.e. 13th cheque):	12000	
Allowa	nce of a recurrent nature:Other allowances (Specify nature):	RAMONTA	
	Cash value of free food:	R/Month 32	
	Cash value of free quarters:	R/Month	
Are you prep	ared to make cash payments during temporary disablement that last longer than three months?:	○ Yes ○ No	
*If you have	already paid cash (earnings) to the employee,state the total amount R:		
			Submit Claim
Step	Action		
[32]	Enter 800 in the Allowan	ce of a recurrent nature: Other allo	wances field
1.321		ice of a recurrent nature. Other and	wantes new

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

A C C SMP EMPLOYE	R'S REPORT OF AN ACCIDENT 🗸	Q
Employe	r's Report of an Occupational Disease	
(1) Employer (2) Employee (3) Occpation	nal Disease — Other Particulars of - 6 Further Particulars — 6 Documents - 6 Docu	ents
4. Other Particulars of Employee		
Earnings of employee at the time of the diagnosis of the disease. *Attach co	py of payslip as at time of diagnoses in section 6.	
Basic earning:	 R/Week R/Month 	
Gross cash earnings:(including average payments for overtime and/or	14000	
commission of a constant character): Allowances of a recurrent nature: Bonuses (i.e. 13th cheque):	12000	
Allowance of a recurrent nature:Other allowances (Specify nature):	800	
Cash value of free food:	Rimonin	
Cash value of free quarters:	R/Month 33	
	e	
Are you prepared to make cash payments during temporary disablement that last longer than three months?:	○ Yes ○ No	
*If you have already paid cash (earnings) to the employee,state the total amount R:		
		Submit Claim
Step Action		
		e) ele
		Compensation F
COMPENSATION MADE EASY USET	19	WORKING FO



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

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

8 < 1	SAP EMPLOYE	R'S REPORT OF AN ACCIDENT \sim	Q
	Employe	r's Report of an Occupational Disease	
1 Employer —	2 Employee 3 Occpatio	hal DiseaseOther Particulars of5 Further Particulars6 Docume	ents
4. Other Particu	lars of Employee		
Earnings of em	ployee at the time of the diagnosis of the disease. *Attach co	py of payslip as at time of diagnoses in section 6.	
	Basic earning:	O R/Week R/Month	
Gross cas	h earnings:(including average payments for overtime and/or commission of a constant character):	14000	
А	llowances of a recurrent nature: Bonuses (i.e. 13th cheque):	12000	
Allowa	nce of a recurrent nature:Other allowances (Specify nature):	800	
	Cash value of free food:		
	Cash value of free quarters:	134)	
Are you prep	ared to make cash payments during temporary disablement that last longer than three months?:	○ Yes ○ No	
*If you have	already paid cash (earnings) to the employee,state the total amount R:		
			Submit Claim
Step	Action		
[34]	Enter 0 in the Cash Valu	e of free quarters field.	

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

A C 🍙 💁 Employe	R'S REPORT OF AN ACCIDENT \checkmark	Q
Employe	's Report of an Occupational Disease	
(1) Employer (2) Employee (3) Occpation	al Disease — (4) Other Particulars of (5) Further Particulars — (6) Documents	
4. Other Particulars of Employee		
Earnings of employee at the time of the diagnosis of the disease. *Attach co	y of payslip as at time of diagnoses in section 6.	
Basic earning:	○ R/Week ⊙ R/Month	
Gross cash earnings:(including average payments for overtime and/or commission of a constant character):	14000	
Allowances of a recurrent nature: Bonuses (i.e. 13th cheque):	12000	
Allowance of a recurrent nature:Other allowances (Specify nature):	800	
Cash value of free food:	0	
Cash value of free quarters:	0	
Are you prepared to make cash payments during temporary disablement that last longer than three months?: *If you have already paid cash (earnings) to the employee-state the total	○ Yes ○ No	
"If you have already paid cash (earnings) to the employee,state the total amount R:		35 Submit Claim
Step Action		
		Compensatio
COMPENSATION MADE EASY USE	20	WORKI



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

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

8 < 1	EMPLOYER'S REPORT OF AN ACCIDENT V Q
	Employer's Report of an Occupational Disease
1 Employer —	2) Employee 3) Occpational Disease 4 Other Particulars of 5 Further Particulars 6 Documents
	Cash value of free food: 0
	Cash value of free quarters:
	ared to make cash payments during temporary disablement, that last longer than three months? already paid cash (earnings) to the employee, state the total amount R: For what period were such payment made? From: Date on which the employee ceased work: dd MM yyyy Date on which the employee ceased work: dd MM yyyy Ellistic dd MM yyyy
	Date on which the employee resumed work: dd MM yyyy
*If the employe	e has not yet resumed work, a Resumption Report (W.CL.6) must be submitted as soon as the employee resumes duty.
Step	Action
[36]	Click to select the Yes radio button.

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

Employer	r's Report of an Occupational Disease
) Employer 2 Employee 3 Occpation	hal Disease — 4 Other Particulars of - 5 Further Particulars — 6 Documents
Cash value of free food:	0
Cash value of free quarters:	0
*If you have already paid cash (earnings) to the employee state the total amount R: For what period were such payment made? From: Date on which the employee ceased work: Date on which the employee resumed work:	ad MM, yyyy Image: state s
"If the employee has not yet resumed work, a Resumption Report (W.CL.6) m	must be submitted as soon as the employee resumes duty.
5	







Step	Action
	Enter 32000 in the If you have already paid cash (earnings) to the employee, state the total amount R field.

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

8 < 6	EMPLOYE	R'S REPORT OF AN ACCIDENT $ imes $	Q
	Employe	r's Report of an Occupational Disease	
1 Employer —	2 Employee 3 Occpatio	hal Disease — (1) Other Particulars of 5 Further Particulars (6) Doc	uments
	Cash value of free food:	0	
	Cash value of free quarters:	0	
Are you prepa	ared to make cash payments during temporary disablement that last longer than three months?:	⊙ Yes ⊖ No	
*If you have a	already paid cash (earnings) to the employee,state the total amount R:	32000	
	For what period were such payment made? From:	dd.MM.yyyy 🛅 To	
	Date on which the employee ceased work:	dd M 01.06.2019	Ē
	Date on which the employee resumed work:	dd. MM. yyyy	
*If the employed	e has not yet resumed work, a Resumption Report (W.CL.6)	must be submitted as soon as the employee resumes duty.	
Step 5			
Step	Action		
otep	ACION		

1.1.39.	EMPLOYER'S REPORT OF AN ACCIDENT - Google

Enter 01.06.2019 in the For what payment period were such payments made? From

Employe	's Report of an Occupational Disease
Employer 2 Employee 3 Occpation	al Disease — (4) Other Particulars of (5) Further Particulars — (6) Documents
Cash value of free food: Cash value of free quarters:	0
Are you prepared to make cash payments during temporary disablement that last longer than three months?:	
*If you have already paid cash (earnings) to the employee,state the total amount R:	32000
For what period were such payment made? From:	01.06.2019 To dd. MM. yyyy
Date on which the employee ceased work:	dd.MM.yyyy 01.09.2019
Date on which the employee resumed work:	dd.MM.yyyy
*If the employee has not yet resumed work, a Resumption Report (W.CL.6) r	nust be submitted as soon as the employee resumes duty.
5	



[38]

field.

Chrome





Step	Action
[39]	Enter 01.09.2019 in the For what payment period were such payments made? To field.

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

8 < 1	SAP EMPLOYE	ER'S REPORT OF AN ACCIDENT \checkmark	Q
	Employe	r's Report of an Occupational Disease	
1 Employer —	2 Employee 3 Occpatio	nal Disease — G Other Particulars of _ 5 Further Particulars — 6 Docume	ents
	Cash value of free food:	0	
	Cash value of free quarters:	0	
	bared to make cash payments during temporary disablement that last longer than three months? already paid cash (earnings) to the employee, state the total amount R: For what period were such payment made? From: Date on which the employee ceased work:	Yes No To To To To To	
	Date on which the employee resumed work:	dd MM yaan	
		(40) 01.05.2019	
*If the employe	ee has not yet resumed work, a Resumption Report (W.CL.6)	must be submitted as soon as the employee resumes duty.	
Step 5			Submit Claim
Step	Action		
[40]	Enter 01.05.2019 in the I	Date on which the employee ceased wo	rk field.

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

A 🛪 🏧 Employe	R'S REPORT OF AN ACCIDENT V
Employe	r's Report of an Occupational Disease
1 Employer 2 Employee 3 Occpation	al Disease — Other Particulars of _ 5 Further Particulars — 6 Documents
Cash value of free food:	0
Cash value of free quarters:	0
Are you prepared to make cash payments during temporary disablement that last longer than three months?: *Jf you have already paid cash (earnings) to the employee state the total amount R: For what period were such payment made? From: Date on which the employee ceased work: Date on which the employee resumed work:	Yes O No IO I IO IO
*If the employee has not yet resumed work, a Resumption Report (W.CL.6) r	nust be submitted as soon as the employee resumes duty.
Step 5	
_	Submit Cla







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

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

8 < 1	EMPLOY	ER'S REPORT OF AN ACCIDENT V	Q
	Employ	er's Report of an Occupational Disease	
1 Employer —	2 Employee 3 Occpati	onal Disease — ④ Other Particulars of6 Further Particulars6 Documents	
5. Further Partic	Jlars		
	ee did to your knowledge receive compensation previously isease or another disease or in respect of an accident, give		
for the same	particulars		
	Was the disease caused by the employee's-	(42)	
	 *(a) Deliberate non compliance of directions 	C Yes O No	
	If Yes, furnish an explanatory statement.		
*(b) Deliber designed to e	ate disregard of the terms of any law or statutory regulation sure the safety or health of employees or the prevention of	O Yes O No	
0	diseases If Yes, furnish an explanatory statement.		
	in res, runnish an explanatory statement.	(N.B.: If any reply is in affirmative, the employee must finish an explanatory statement which	
		must then be attached hereto together with your comments thereon.)	
			Submit Claim
Step	Action		
Otep	Action		
	Enter n/a in the lf the en	nployee did to your knowledge receive co	mpen
[42]		e disease or another disease or in respec	
[42]	previously for the same	e uisease of another disease of intrespec	t or an

give particulars field.

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

A C C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT \checkmark	Q
Employe	r's Report of an Occupational Disease	
1 Employer 2 Employee 3 Occpation	hal Disease — 4 Other Particulars of - 5 Further Particulars — 6 Document	S
5. Further Particulars		
*If the employee did to your knowledge receive compensation previously for the same disease or another disease or in respect of an accident give particulars: Was the disease caused by the employees: *(a) Deliberate non compliance of directions: If Yes, furnish an explanatory statement: *(b) Deliberate disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of diseases: If Yes, furnish an explanatory statement:	N/d Yebo to 3 Yes No (N.B.:If any reply is in affirmative,the employee must finish an explanatory statement which	
	must then be attached hereto together with your comments thereon.)	
		Submit Claim







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

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

8 < 1		Q
	Employer's Report of an Occupational Disease	
1 Employer —	2 Employee 3 Occpational Disease 4 Other Particulars of Employee 5	Further Particulars6 Documents
5. Further Partie	iculars	
for the same *(b) Delibe	ovee did to your knowledge receive compensation previously e disease or another disease or in respect of an accident give particulars: *(a) Deliberate non compliance of directions: *(a) Deliberate non compliance of directions: erate disregard of the terms of any law or statutory regulation ensure the safety or health of employees or the prevention of diseases: If Yes, furnish an explanatory statement: (N B.:If any reply is in affirmative, the employee must fin must then be attached hereto together with your comm	
Step	Action	
[44]	Click to select the No oradio button.	

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

A 🖒 🖄 💁 Employe	R'S REPORT OF AN ACCIDENT \checkmark	Q
Employe	's Report of an Occupational Disease	
1 Employer 2 Employee 3 Occpation	al Disease — (4) Other Particulars of (5) Further Particulars — (6) Documents	
5. Further Particulars		
*If the employee did to your knowledge receive compensation previously for the same disease or another disease or in respect of an accident.give particulars:	n/a	
Was the disease caused by the employee's-:		
*(a) Deliberate non compliance of directions:	🔾 Yes 💿 No	
*(b) Deliberate disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of diseases:	○ Yes ● No	
	(N.B.:If any reply is in affirmative, the employee must finish an explanatory statement which must then be attached hereto together with your comments thereon.)	
Step 6		
45		1
		Submit Claim







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

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

8 < 6 SAP	EMPLOYER'S REPORT OF AN ACCIDENT \sim	۲
	Employer's Report of an Occupational Disease	
1 Employer 2 Employee	3 Occpational Disease — 4 Other Particulars of Employee	- 5 Further Particulars — 6 Documents
3. Documents		
Please upload mandatory documents *		*Document type +
		(46)
	No files found.	
	use the + Button	
Declaration by Employer or Authorised person		
I with ID number	hereby declare that on 08.10.2015	that the particulars furnished on this report of
injury on duty, are to the best of my knowledge	and belief true and accurate.	



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

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







[47]

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

8 < r SAP	EMPLOYER'S REPORT OF AN ACCIDENT \lor	Q
		~
	Employer's Report of an Occupational Disease	
1 Employer 2 Employee	- 3 Occpational Disease - 4 Other Particulars of - 5 Fu Employee - 5	rther Particulars — 6 Documents
6. Documents		
Please upload mandatory documents *	*Doc	ument type
		Passport
		SA ID *
		Employer's Report of Occ. Disease WCL1 *
		First Medical Report - Occ
		Lung Function Test *
	No files found.	Prescription For Medication *
	use the + Button	Histology/Cytology Results
		Clinical Evaluation by Occ.Therapist
Declaration by Employer or Authorised person		Laboratory Sputum Results(MCS/MTB/RF/GEN
		Audiograms
I with ID number	hereby declare that on 08.10.2019	Laboratory Blood Results
injury on duty, are to the best of my knowledge and	belief true and accurate.	Skin Patch Test Results
		Submit Claim
Step Action		

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

Click on the SA ID SA ID * option to select it.

8 < 6 Sep	EMPLOYER'S REPORT OF AN ACCIDENT \sim		Q
	Employer's Report of an Occupational Disease		
(1) Employer (2) Employee	- 3 Occpational Disease - 4 Other Particulars of Employee	- 5 Further Particulars — 6 Do	ocuments
6. Documents			
Please upload mandatory documents *		*Document type SA ID *	× +
			(48)
	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 furnis	shed on this report (
	a bonor rao ana accarato.		Submit Claim

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







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

8 < r SAP	EMPLO	YER'S REPORT OF AN ACC	CIDENT \lor		Q	
	Open			×		
<u> </u>	\leftrightarrow \rightarrow \land \uparrow \square \rightarrow This	\leftarrow \rightarrow \checkmark \uparrow \blacksquare \Rightarrow This PC \Rightarrow Desktop \Rightarrow ESCN \checkmark \circlearrowright		٩		
1 Employer 2 Employee	Organise 🔻 New folder		811	• 🔳 🕐 🦰 🙆	6 Documents	
6. Documents	 OneDrive 	Name	Date modified	Туре		
0. Documents	💻 This PC	Lung Test.pdf	2018/11/19 08:35	Adobe Acrobat		
Please upload mandatory documents *	3D Objects	Prescription Medication .pdf Proof of Earnings .pdf	2018/11/19 08:35 2018/11/19 08:35	Adobe Acrobat Adobe Acrobat	~ +	
Please upload manualory documents	Apple iPhone	SA ID.pdf	2019/05/21 10:02	Adobe Acrobat	× [T]	
	Cesktop	MCL 1.pdf	2018/11/19 08:36	Adobe Acrobat		
	Documents	KWCL 22.pdf	49 11/19 08:36	Adobe Acrobat		
	Downloads					
	Music Fictures					
	Videos					
	Local Disk (C:)					
	A Maturali	<		>		
	File nan	ne:	 All Files (*.*) 	~		
			Open	Cancel		
Declaration by Employer or Authorised person	-					
I with ID nu	mber	hereby declare that on	08.10.2019	that the particulars f	urnished on this report (
injury on duty, are to the best of my know	vledge and belief true and	d accurate.				

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

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

2 < a sv	EMPLOYER'S REPORT OF AN ACCIDENT \sim	/	Q
	Employer's Report of an Occupational Disease		
1 Employer 2 Employee	3 Occpational Disease — 4 Other Particulars of Employee	- 5 Further Particulars — 6	Documents
. Documents			
Please upload mandatory documents *		*Document type SA ID *	- +
SA ID.pdf			50
47.6 KB			
Declaration by Employer or Authorised person			
Leclaration by Employer or Authorised person	hereby declare that on 08.10.2019	9 that the particulars fu	rnished on this report (
		9 that the particulars fu	rnished on this report (

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







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

음 🕻 🍙 💁 EMPLOYER'S REPORT OF AN AC	CCIDENT V Q
Employer's Report of an Occupation	nal Disease
(1) Employer (2) Employee (3) Occpational Disease (4) Other F	Particulars of – 5 Further Particulars — 6 Documents
6. Documents	
Please upload mandatory documents *	*Document type SA ID * - +
	Passport
SA ID.pdf	SAID*
47.6 KB	Employer's Report of Occ. Disease WCL1 *
Declaration by Employer or Authorised person	First Medical Report - Occ. Dispase WCL22 *
I with ID number hereby declare that o	Lung Function Test *
	Prescription For Medication *
injury on duty, are to the best of my knowledge and belief true and accurate.	Histology/Cytology Results
	Clinical Evaluation by Occ. Therapist
	Laboratory Sputum Results(MCS/MTB/RF/GEN
	Audiograms
	Laboratory Blood Results
	Skin Patch Test Results
	Submit Cla

Step	Action
[51]	Click on the Employer's Report of Occ. Disease WCL 1 Employer's Report of Occ. Disease WCL1 * option to select it.

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

8 < ด SAP	EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $	٩
	Employer's Report of an Occupational Disease	
1) Employer — 2 Employee —	3 Occpational Disease — 4 Other Particulars of 5 Further Particulars —	6 Documents
Documents		
Please upload mandatory documents *	*Document type Employer's F	eport of Occ. I V +
SA ID.pdf		52
47.6 KB		8
Declaration by Employer or Authorised person		
I with ID number	er hereby declare that on 08.10.2019 that the particulars	furnished on this report of

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







1.1.53. Open

8 < 🍙 💁	EMPLOY	ER'S REPORT OF AN A	CCIDENT \checkmark		Q
	💿 Open			×	
	\leftarrow \rightarrow " \uparrow \square > This PC	> Desktop > ESCN	✓ ひ Search ESCN	٩	
1 Employer 2 Employee	Organise 🔻 New folder		855	• 🔳 🔮 💳 🌀	Documents
6. Documents	 OneDrive 	Name	Date modified	Туре	
o. Boodmonto		Lung Test.pdf Prescription Medication .pdf	2018/11/19 08:35 2018/11/19 08:35	Adobe Acrobat Adobe Acrobat	
Please upload mandatory documents *	3D Objects	Proof of Earnings .pdf	2018/11/19 08:35	Adobe Acrobat	~ +
Please upload mandatory documents	Apple iPhone	SA ID.pdf	2019/05/21 10:02	Adobe Acrobat	<u> </u>
		WCL 1.pdf	2018/11/19 08:36	Adobe Acrobat	
	Documents	WCL 22.pdf	2018/11/19 08:36	Adobe Acrobat	
	🖊 Downloads		53		
	Music				
	E Pictures				
	Videos				
	Local Disk (C:)				
	- Makaada 🗸 🗸 🤇			>	
	File name	:	 All Files (*.*) 	~	
			Open	Cancel	
Declaration by Employer or Authorised person					
I with ID nur	nber	hereby declare that	on 08.10.2019	that the particulars fu	rnished on this report
injury on duty, are to the best of my know	vieuge and belief true and	accurate.			_
					Submit Claim

Step	Action
[53]	Double click on the WCL 1.pdf 🔒 WCL 1.pdf option to select it.

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

8 < r SAP	EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $		Q
	Employer's Report of an Occupational Disease		
1 Employer 2 Employee	- 3 Occpational Disease — 4 Other Particulars of Employee	- 5 Further Particulars - 6 Do	cuments
. Documents			
Please upload mandatory documents *		*Document type Employer's Report o	f Occ. I 🗸 +
WCL 1.pdf 55.5 KB			<u>5</u> 4 ⊗
SA ID.pdf 47.6 KB			\otimes
Declaration by Employer or Authorised person			
I with ID number injury on duty, are to the best of my knowledge and t	hereby declare that on 08.10.2019 Delief true and accurate.	that the particulars furnish	ned on this report (
			Submit Claim

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







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

A C A SAP CALL AND A COLORNY → EMPLOYER'S REPORT OF AN ACCIDENT →	Q
Employer's Report of an Occupational Disease	
1) Employer 3) Occpational Disease (4) Other Particulars of Employee -	5 Further Particulars — 6 Documents
Documents	
Please upload mandatory documents *	*Document type Employer's Report of Occ. I V +
	Passport
WCL 1.pdf	SA ID *
55.5 KB	Employer's Report of Occ. Disease WCL1 *
-	First Medical Report - Occ.Disease WCL22 *
SA ID.pdf 47.6 KB	Lung Function Test *
47.6 KB	Prescription For Medication
Declaration by Employer or Authorised person	Histology/Cytology Results
I with ID number hereby declare that on 08.10.2019	Clinical Evaluation by Occ. Therapist
	Laboratory Sputum Results(MCS/MTB/RF/GEN
injury on duty, are to the best of my knowledge and belief true and accurate.	Audiograms
	Laboratory Blood Results
	Skin Patch Test Results

Step	Action
[55]	Click on the First Medical Report - Occ. Disease WCL22 First Medical Report - Occ.Disease WCL22 option to select it.

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

8 < 6 SAP	EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $	Q
	Employer's Report of an Occupational Disease	
1 Employer 2 Employee	Occpational Disease (4) Other Particulars of - 5 Further Particulars	s — 6 Documents
6. Documents		
Please upload mandatory documents *	*Document type	irst Medical Report - Occ. [V +
WCL 1.pdf		56
55.5 KB		8
SA ID.pdf		8
Declaration by Employer or Authorised person		
l 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		

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







1.1.57. Open

2 < 🍙 💁	EMPLO	YER'S REPORT OF AN A	CCIDENT \lor			Q
	Open			×		
\sim	\leftarrow \rightarrow \checkmark \uparrow \square \rightarrow This F	PC > Desktop > ESCN	✓ ひ Search ESCN	م		
1 Employer 2 Employee	Organise 👻 New folder			📰 • 💷 🕐	6 D	ocuments
6. Documents Please upload mandatory documents *	 OneDrive This PC 3D Objects Apple iPhone 	Name Lung Test.pdf Prescription Medication .pdf Proof of Earnings .pdf SA ID.pdf	Date modified 2018/11/19 08:35 2018/11/19 08:35 2018/11/19 08:35 2019/05/21 10:02	Adobe Acrobat Adobe Acrobat		~ +
	Desktop Desktop Documents Documents Music Pictures Videos Local Disk (C:) File name		2018/11/19 08:36 2018/11/19 08:36 57	Adobe Acrobat Adobe Acrobat		
			Open	Cancel	ļ	
Declaration by Employer or Authorised person						
I with ID nur with ID nur with ID nur injury on duty, are to the best of my know		hereby declare that d accurate.	on 08.10.2019	that the pa	articulars furnis	shed on this report (
						Submit Claim

Step	Action
[57]	Double click on the WCL 22.pdf I WCL 22.pdf file to select it.

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

8 < 6 SAP	EMPLOYER'S REPORT OF A		Q
	Employer's Report of an Occup	ational Disease	
1 Employer 2 Employee	3 Occpational Disease 4 O	ther Particulars of – 5 Further Particulars – 6	Documents
6. Documents			
Please upload mandatory documents *		*Document type First Medical R	Report - Occ. t 🗸 +
WCL 22.pdf			58
55.5 KB			\otimes
WCL 1.pdf 55.5 KB			8
SA ID.pdf			
47.6 KB			\otimes
Declaration by Employer or Authorised person			
with ID number	hereby declare the	hat on 08.10.2019 that the particulars f	urnished on this report (
injury on duty, are to the best of my knowledge	and belief true and accurate.		
			Submit Claim

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







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

A C SAP EMPLOYER'S REPORT OF AN ACCIDENT V	Q
Employer's Report of an Occupational Disease	
1 Employer 2 Employee 3 Occpational Disease 4 Other Particulars of 5 Furth	er Particulars — 6 Documents
6. Documents	
Please upload mandatory documents * *Docur	nent type First Medical Report - Occ. 1 🗸 🕂
WCL 22.pdf 55.5 KB	Passport SA ID * Employer's Report of Occ. Disease WCL1 *
WCL 1.pdf 55.5 KB	First Medical Report - Occ.Disease WCL22 * Lung Function Test *
SAID.pdf 47.6 KB	Prescription For Medication 59 Histology/Cytology Results Clinical Evaluation by Occ.Therapist
Declaration by Employer or Authorised person	Laboratory Sputum Results(MCS/MTB/RF/GEN
I hereby declare that on 08.10.2019 (08.10.2019) hereby declare that on 08.10.2019	Audiograms Laboratory Blood Results Skin Patch Test Results
	Submit Claim
Oton Action	

Step	Action
[59]	Click on the Lung Function Test ¹ option to select it.

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

8 < 🏠 💁	EMPLOYER'S REPORT OF AN ACCIDENT \sim	,	Q
	Employer's Report of an Occupational Disease		
1) Employer 2 Employee	- 3 Occpational Disease - 4 Other Particulars of Employee	- 5 Further Particulars — 6 Docu	nents
Documents			
Please upload mandatory documents *		*Document type Lung Function Test *	
WCL 22.pdf			60
55.5 KB			\otimes
WCL 1.pdf			_
55.5 KB			\otimes
SA ID.pdf			
47.6 KB			8
Declaration by Employer or Authorised person			
I with ID number	hereby declare that on 08.10.2019	that the particulars furnishe	d on this report (
injury on duty, are to the best of my knowledge an	d belief true and accurate.		

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







1.1.61. Open

8 < 🍙 💁	EMPLOYER'S REPOR	RT OF AN ACCIDENT $ \smallsetminus $		Q
	Open		×	
	\leftarrow \rightarrow \checkmark \uparrow \blacksquare > This PC > Desktop > ES	SCN V 🗸 Search ESCN	٩	
1 Employer 2 Employee	Organise 🔻 New folder	A	······································	Documents
6 Decumente	OneDrive Name	Date modified	Туре	
6. Documents	This PC	2018/11/19 08:35		
	Prescription Me			
Please upload mandatory documents *	Apple iPhone S AID.pdf	gs.pdf (61)11/19 08:35 2019/05/21 10:02		~ +
	Desktop	2019/03/21 10:02 2018/11/19 08:36		
	Documents & WCL 22.pdf	2018/11/19 08:36		
	Downloads			
	Music			
	Pictures			
	Videos			
	Local Disk (C:)			
			>	
	A Making di	1151 00		
	File name:	 All Files (*.*) 	×	
		Open	Cancel	
Declaration by Employer or Authorised person	1		,ii	
I with ID nur	nber hereby	declare that on 08.10.2019	that the particulars f	urnished on this report
injury on duty, are to the best of my know	viedge and beliet true and accurate.			

Step	Action
[61]	Double click on the Lung Test.pdf 🔒 Lung Test.pdf file to select it.

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

8 < 6 SAP	EMPLOYER'S REPORT OF AN ACCIDENT	~	Q
	Employer's Report of an Occupational Disease		
(1) Employer 2 Employee		- 5 Further Particulars — 6 Documents	
6. Documents			
Please upload mandatory documents *		*Document type Lung Function Test *	- +
Lung Test.pdf 89.5 KB			62 ⊗
WCL 22.pdf 55.5 KB			8
WCL 1.pdf 55.5 KB			\otimes
SA ID.pdf 47.6 KB			\otimes
Declaration by Employer or Authorised person			
			Submit Claim

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







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

2 < a say	EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $	Q
	Employer's Report of an Occupational Disease	
1) Employer 2 Employee	3 Occpational Disease 4 Other Particulars of 5 Fu	rther Particulars — 6 Documents
. Documents		
Please upload mandatory documents *	*Doc	cument type Lung Function Test * 🗸 +
		Passport
Lung Test.pdf		SA ID *
89.5 KB		Employer's Report of Occ. Disease WCL1 *
-		First Medical Report - Occ.Disease WCL22 *
WCL 22.pdf 55.5 KB		Lung Function Test *
55.5 KB		Prescription For Medication *
WCL 1.pdf		Histology/Cytology Results
55.5 KB		Clinical Evaluation by Occ. Therapist
		Laboratory Sputum Results(MCS/MTB/RF/GEN
SA ID.pdf		Audiograms
47.6 KB		Laboratory Blood Results
Declaration by Employer or Authorised person		Skin Patch Test Results
Declaration by Employer of Additionsed person		Submit Claim

Step	Action
[63]	Click on the Prescription for Medication Prescription For Medication option to select it.

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

8 < 6 SAP		RT OF AN ACCIDENT 🗸		Q
8 < a ser	EMFLOTER 5 REPO			Q
	Employer's Report of	an Occupational Disease		
(1) Employer 2 Employee	— 3 Occpational Disease —	Other Particulars of Employee	- 5 Further Particulars — 6 Do	cuments
6. Documents				
Please upload mandatory documents *			*Document type Prescription For Me	dication 🗸 🕂
Lung Test.pdf 89.5 KB				64) ⊗
WCL 22 pdf 55.5 KB				\otimes
WCL 1.pdf 55.5 KB				8
SA ID.pdf 47.6 KB				8
Declaration by Employer or Authorised person				
				Submit Claim

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







1.1.65. Open

8 < 6 SAP	EMPLO	YER'S REPORT OF AN A	CCIDENT \checkmark		Q
	💿 Open			×	
~ ~ ~	\leftarrow \rightarrow \checkmark \uparrow \square \rightarrow This	PC > Desktop > ESCN	✓ Ö Search ESCN	۹	-
1 Employer 2 Employee	Organise 🔻 New folder		iii + 💷 😮 💳 🧕		6 Documents
	 OneDrive 	Name	Date modified	Туре	
6. Documents	This PC	👃 Lung Test.pdf	2018/11/19 08:35	Adobe Acrobat	
	3D Objects	Prescription Medication .pdf	2018/11/19 08:35	Adobe Acrobat	
Please upload mandatory documents *	Apple iPhone	Proof of Earnings .pdf	2018/11/19 08:35	Adobe Acrobat ID *	~ +
	Desktop	SA ID.pdf WCL 1.pdf	65 05/21 10:02 2018/11/19 08:36	Adobe Acrobat Adobe Acrobat	
	Documents	WCL 1.pdf	2018/11/19 08:36	Adobe Acrobat	
	Downloads	G			
	Music				
	F Pictures				
	Videos				
	Local Disk (C:)				
	A Makurada	<		>	
	File nar	mer	 All Files (*.*) 	~	
			Open	Cancel	
Declaration by Employer or Authorised person					
I with ID nur	mber	hereby declare that	on 08.10.2019	that the particular	s furnished on this report
injury on duty, are to the best of my know	vledge and belief true an	d accurate			
injury on duty, are to the best of my know	nougo and beller true an	a accarato.			Submit Claim
					Submit Claim

Step	Action
[65]	Double click on the Prescription Medication.pdf File to select it.

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

8 < 🗟 SAP	EMPLOYER'S REPOR	RT OF AN ACCIDENT \sim	/	٩
	Employer's Report of	an Occupational Disease		
1 Employer 2 Employee		- 4 Other Particulars of Employee	- 5 Further Particulars —	6 Documents
b. Documents				
Please upload mandatory documents *			*Document type Prescriptio	n For Medication \vee 🕂
Prescription Medication .pdf 89.5 KB				\otimes
Lung Test.pdf 89.5 KB				\otimes
WCL 22.pdf 55.5 KB				\otimes
WCL 1.pdf 55.5 KB				\otimes
				Subn <mark>66</mark> aim

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







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

8 < 6 SAP	EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $	Q
	Employer's Report of an Occupational Disease	
1 Employer 2 Employee	3 Occpational Disease 4 Other Particulars of 5 Further Particulars	- 6 Documents
WCL 22.pdf 55.5 KB		⊗
WCL 1.pdf 55.5 KB		\otimes
SA ID. pdf 47.6 KB		8
Declaration by Employer or Authorised person		
I s.mas with ID number Invalid entry Injury on autor, are 67 he best of my knowled		lars furnished on this report (

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

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

A C SAP EMPL	OYER'S REPORT OF AN ACCIDENT	\checkmark	Q
Emp	oloyer's Report of an Occupational Disease		
1 Employer 2 Employee 3 Occ	pational Disease — 4 Other Particulars of Employee	- 5 Further Particulars — 6 Do	cuments
WCL 22.pdf 55.5 KB			8
WCL 1.pdf 55.5 KB			8
SA ID.pdf 47.6 KB			\otimes
Declaration by Employer or Authorised person			
I s.mas with ID number 6001018788081 injury on duty, are to the best of my knowledge and control up	hereby declare that on 08.10.20	19 that the particulars furnish	ned on this report c

Step	Action
[68]	Enter 6001018788084 in the ID Number field.







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

8 < 🏠 💁	EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $	٩
	Employer's Report of an Occupational Disease	
(1) Employer (2) Employee	Occpational Disease (4) Other Particulars of (5) Further Particulars	Documents
WCL 22 pdf 55.5 KB		8
WCL 1.pdf 55.5 KB		\otimes
SA ID.pdf 47.6 KB		\otimes
Declaration by Employer or Authorised person		
I smas with ID number 6 injury on duty, are to the best of my knowledge a		urnished on this report c
		69
		Submit Claim

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

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

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

2 < @ SAP	EMPLOYER'S REPORT OF AN ACCIDENT	/	Q
	Employer's Report of an Occupational Disease		
1 Employer 2 Employee	3 Occpational Disease — 4 Other Particulars of Employee	- 5 Further Particulars — 6 Documents	
WCL 22.pdf 55.5 KB			\otimes
WCL 1.pdf 55.5 KB	Confirm		\otimes
SAID.pdf 47.6 KB	Do you want to submit claim?		\otimes
Declaration by Employer or Authorised person	70		
s with ID number 6001018788081 n duty, are to the best of my knowledge and belief true and	hereby declare that on 08.10.2019 accurate.	that the particulars furnished on this report of a	n alleged







Custom App - Claim Registration WCL 1

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

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

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

2 < în Sep	EMPLOYER'S REPORT OF AN ACCIDENT $ \!$						
Employer's Report of an Occupational Disease							
1 Employer (2) Employee (3) Occpational Disease — (4) Other Particulars of - (5) Further Particulars — (6) Docu	uments					
${}^{\bigstar}(b)$ Deliberate disregard of the terms of any law or statute designed to ensure the safety or health of employees or the	ny regulation O Yes No revention of diseases:						
	(N.B.:If any reply is in affirmative,the employee must finish an explanatory statement which must then be attached hereto together with your comments thereon.)						
	✓ Success						
6. Documents	Your ClaimNo: [0000000010005834] has been created.						
Please upload mandatory documents *	CK *Document type Prescription For Media	cation \vee +					
	No files found.						
	use the + Button						



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

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







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

8 < 1	a sap	EMPLOYER'S REPORT OF AN ACCIDEN	T ∨	Q
	72	Employer's Report of an Occupational Disea	60	
1 Employer —	2 Employee	- 3 Occpational Disease - 4 Other Particulars Employee	of – 5 Further Particulars – 6 I	Documents
*(b) Delibe designed to e	rate disregard of the terms of any law or st insure the safety or health of employees or	tatutory regulation O Yes No r the prevention of diseases:		
		(N.B.:If any reply is in affirmative, the em must then be attached hereto together w	ployee must finish an explanatory statement which ith your comments thereon.)	
6. Documents				
Please upload m	andatory documents *		*Document type Prescription For M	fedication \vee +
		No files found.		
		use the + Button		
				Submit Claim
Step	Action			
[72]		命		

button to return to the launchpad.

1.1.73. Home - Google Chrome

Click the Home

SAP			Home \lor			Q
Compensation Fund	d Apps for Employers	Compensation Fun	d: Service Providers	Bank Relationship	Cash Operations	~
Claim Registration	Upload Documents					
Ţ.	Ê					
Compensation Fund	d: Service Providers					
Change Claim (Expert Mode) ICLCDC02	Upload Documents					
Bank Relationship						
Manage Banks	Manage Bank Accounts	Manage Bank Accounts	My Inbox For Bank Accounts	My Sent Requests For Bank Accounts	Maintain Signatory For Multiple Accounts	

Well done! You have successfully completed lodging a claim.	
---	--







Custom App - Claim Registration WCL 1



