



## 1.1. Custom App - Claim Registration WCL 2

### Purpose

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

### Business Scenario

In this scenario the Authorised User, 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.

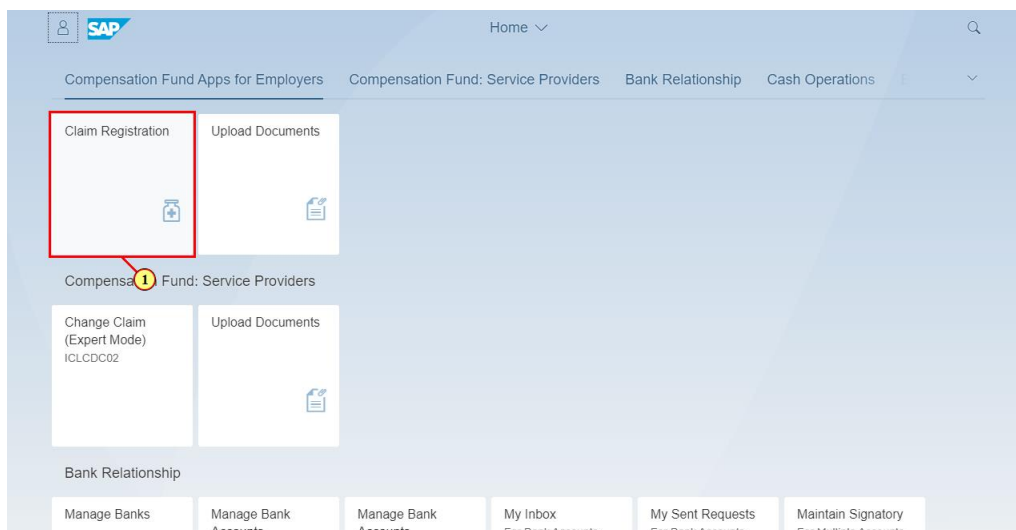
For exclusions please refer to the act.

### Prerequisites

The following prerequisites are applicable when processing this transaction:

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

### 1.1.1. Home - Google Chrome

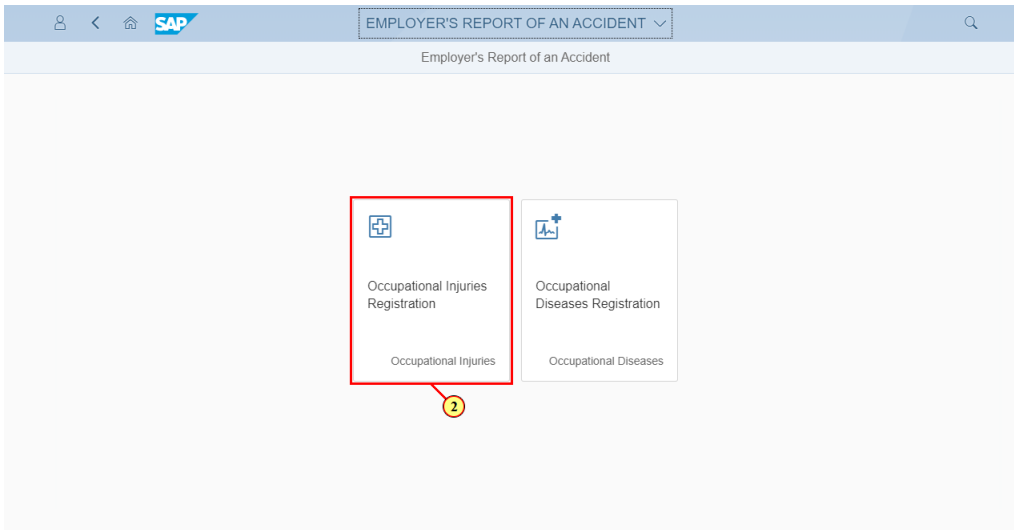



Step	Action
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Step	Action
[1]	Click on the <b>Claim Registration</b> <b>Claim Registration</b> to access the transaction.

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





	<p>In the <b>Incident Type</b> field, the employer must select the <b>Form Type</b> in which they wish to lodge a claim.</p> <p>There are two options available:</p> <ul style="list-style-type: none"><li>• WCL2 - Occupational Injury</li><li>• WCL1 - Occupational Disease</li></ul>
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Step	Action
[2]	Click on the <b>Occupational Injuries Registration</b> <b>Occupational Injuries Registration</b> to start the registration.



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

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

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

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




Step	Action
[4]	Click on the <b>Gauteng South</b> <b>Gauteng South</b> option to select it.

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

Step	Action
[5]	Enter <b>KEMPTON PARK</b> in the <b>Labour Centre</b> field.

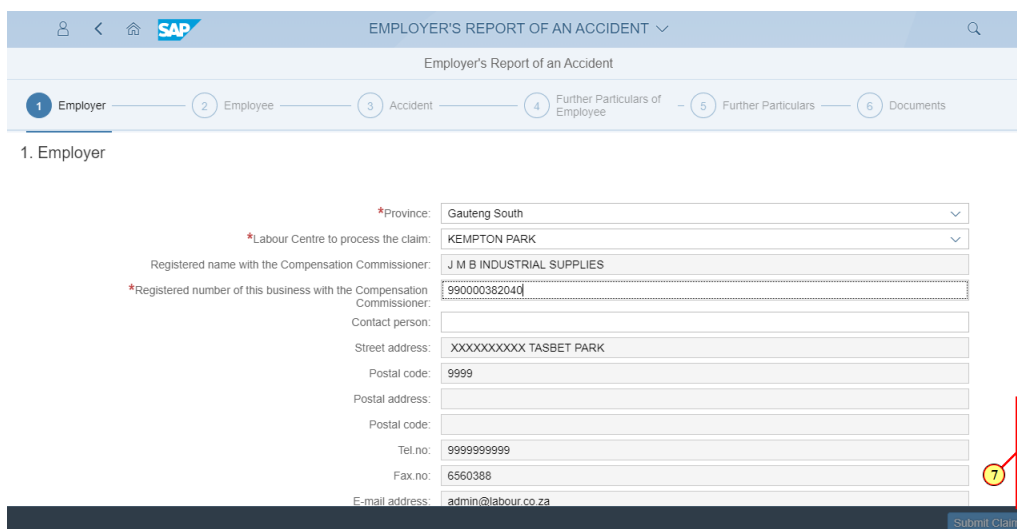
### 1.1.6. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



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

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



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



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


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

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


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



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

Step	Action
[10]	Click the <b>Step 2</b>  button to display the next task.

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

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



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

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

EMPLOYER'S REPORT OF AN ACCIDENT

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

2. Employee

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

\*Is the injured person a:

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


Submit Claim


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






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

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

Step	Action
[13]	Click to select the <b>ID Number</b>  radio button.




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

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

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



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



! Error


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Disallow claim, inform user to contact Customer Services

[Close](#)

Step	Action
[15]	Enter <b>7104165167084</b> in the <b>ID no</b> field.

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

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

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



## 1.1.17. 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

Marital state: Single

Citizen of: South African

Personnel no:

\*Occupation:

Street address: 9459 GAUTENG NORTH GAUTENG NORTH

Postal code: 9459

Postal address:

Postal code:


Driver

Tel.no: 0736061397

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

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

Submit Claim

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

Should any information have changed, the fields are open for editing and updating as per WCL forms.

Step	Action
[17]	Enter <b>Driver</b> in the <b>Occupation</b> field.



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


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

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

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




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

Step	Action
[20]	Click the <b>Step 3</b>  button to display the next task.

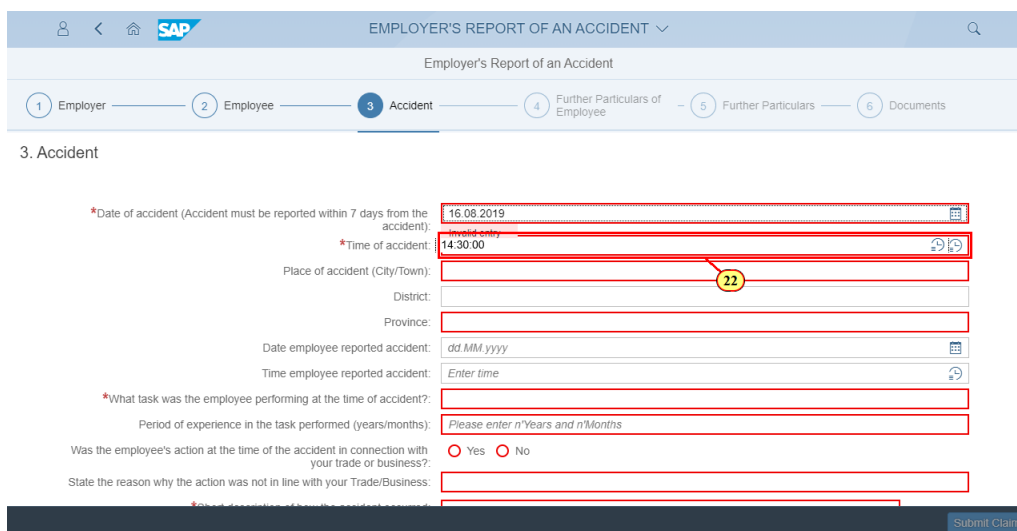
### 1.1.21. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



	<p>The next few steps demonstrate how to answer the <i>Structured Facts Questions (SFQ)</i>, as per answers in the WCL forms submitted.</p> <p>These questions must be answered as accurately as per possible, as each question informs and determines the next question.</p> <p>Some of the questions may require additional documentation, for example, if the incident took place on a public road the form WCL226 will be required for the claim to be created.</p>
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Step	Action
[21]	Enter <b>16.08.2019</b> in the <b>*Date of accident (Accident must be reported within 7 days from the accident)</b> field.

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



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



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

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

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

Step	Action
[24]	Enter <b>Gauteng</b> in the <b>Province</b> field.





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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

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

3. Accident

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

\*Time of accident: 14:30:00

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

District:

Province: Gauteng

Date employee reported accident: 16.08.2019

Time employee reported accident: Enter time

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

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

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

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

Submit Claim

Step	Action
[25]	Enter <b>16.08.2019</b> in the <b>Date employee reported accident</b> field.

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

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

3. Accident

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

\*Time of accident: 14:30:00

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

District:

Province: Gauteng

Date employee reported accident: 16.08.2019

Time employee reported accident: 14:50:00

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

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

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

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

Submit Claim

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



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

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

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

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



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

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

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


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



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

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

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

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



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

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

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

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



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

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

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

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



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


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

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

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



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

Step	Action
[39]	Click the <b>Mark any of the following when applicable</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 on the <b>Multi Trauma</b> <b>Multi Trauma</b> option to select it.





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


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

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


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



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

Step	Action
[43]	Click the <b>Step 4</b>  link to access the next step.

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

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



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

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

Basic earning:  R/Week  R/Month

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

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

[Submit Claim](#)

Step	Action
[45]	Enter <b>14000</b> in the <b>Gross Cash Earnings</b> field.

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

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

Basic earning:  R/Week  R/Month

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

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

[Submit Claim](#)

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



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

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

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

Step	Action
[48]	Enter <b>0</b> in the <b>Cash value of food</b> field.



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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

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

4. Further Particulars of Employee

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

Basic earning:  R/Week  R/Month

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

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

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

Cash value of free food: 0

Cash value of free quarters: 0

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

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

Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

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

4. Further Particulars of Employee

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

Basic earning:  R/Week  R/Month

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

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

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

Cash value of free food: 0

Cash value of free quarters: 0

Other payment in kind (specify nature):

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

Submit Claim

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



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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

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

4. Further Particulars of Employee

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

Basic earning:  R/Week  R/Month

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

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

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

Cash value of free food: 0

Cash value of free quarters: 0

Other payment in kind (specify nature): 0

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

51 Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

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

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

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

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

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

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

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

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

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

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

Submit Claim

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



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

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

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

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

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

Number of days per week worked by the employee: 53

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

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

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

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

Submit Claim

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

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

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

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

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

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

Number of days per week worked by the employee: 54

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

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

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


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

Submit Claim


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



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

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

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

Step	Action
[56]	Click on the <b>6</b>  option to select it.





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


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

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


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



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

Step	Action
[59]	Click the <b>Step 5</b>  button to display the next task.

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

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



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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

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

5. Further Particulars

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

\*Was first aid given in this case?  Yes  No

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

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

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

\*Was the accident caused by the employee's:

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

\*If yes furnish an explanatory statement:

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

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

Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

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

5. Further Particulars

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

\*Was first aid given in this case?  Yes  No

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

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

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

\*Was the accident caused by the employee's:

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

\*If yes furnish an explanatory statement:

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

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

Submit Claim

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



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

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

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

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



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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

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

5. Further Particulars

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

\*Was first aid given in this case?  Yes  No

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

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

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

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

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

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

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

**65** Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

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

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

State the name of the witness: \_\_\_\_\_

State the address of the witness: \_\_\_\_\_

State the Telephone of the witness: \_\_\_\_\_

How many other employees were injured in the same accident?

b) Who was aware of the accident at the time: \_\_\_\_\_

State the address of the individual who was aware: \_\_\_\_\_

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

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

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

Submit Claim

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



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

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

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

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



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

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

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

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



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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

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

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

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

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

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

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

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


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

\*Name of Police Station:

\*State the Docket number of the case:

Step 6 71

Submit Claim

Step	Action
[71]	Click the <b>Step 6</b>  button to display the next task.

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

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

6. Documents

Please upload mandatory documents \*

\*Document type  +


No files found.  
use the + Button

Declaration by Employer or Authorised person

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


Submit Claim

72

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





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

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

EMPLOYER'S REPORT OF AN ACCIDENT

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

6. Documents

Please upload mandatory documents \*

\*Document type

- Death Certificate
- Passport
- SA ID \***
- Work Permit 73
- Proof of Earnings
- Assault Questionnaire
- Road Accident Questionnaire WCL226 \*
- Employer's Report of an Accident WCL2 \*
- First Medical Report - Accident WCL4 \*

No files found.  
use the + Button

Declaration by Employer or Authorised person

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

Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

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

6. Documents

Please upload mandatory documents \*

\*Document type SA ID \* 74

No files found.  
use the + Button

Declaration by Employer or Authorised person

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

Submit Claim



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

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

Declaration by Employer or Authorised person

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

Submit Claim

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

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

6. Documents

Please upload mandatory documents \*

\*Document type: SA ID


SA ID.pdf  
47.6 KB

Declaration by Employer or Authorised person

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

Submit Claim



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

### 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 \*

\*Document type SA ID \* +

SA ID.pdf  
47.6 KB

Declaration by Employer or Authorised person

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

Submit Claim

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

### 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 \*

\*Document type Road Accident Questionnaire WCL226 \* +


SA ID.pdf  
47.6 KB

Declaration by Employer or Authorised person


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

Submit Claim



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


### 1.1.79. Open

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

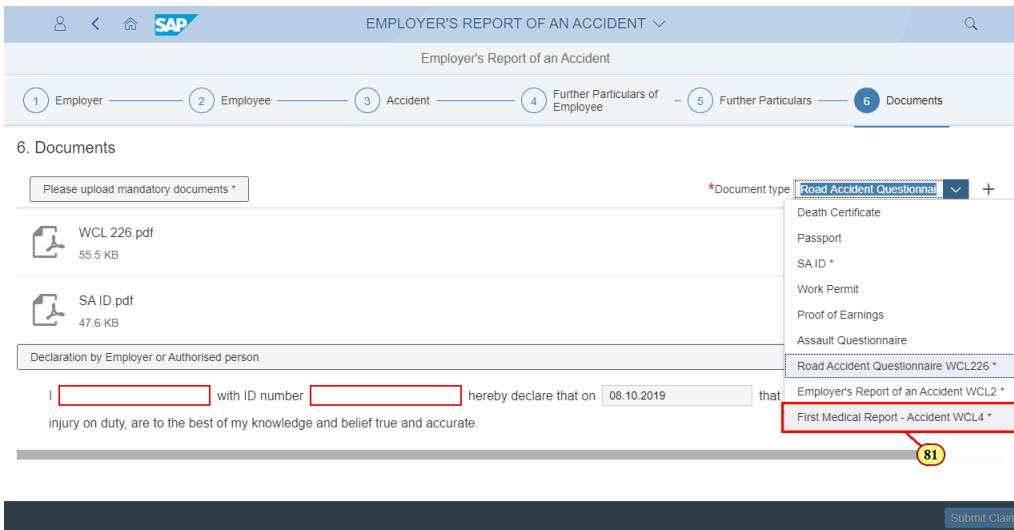
### 1.1.80. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

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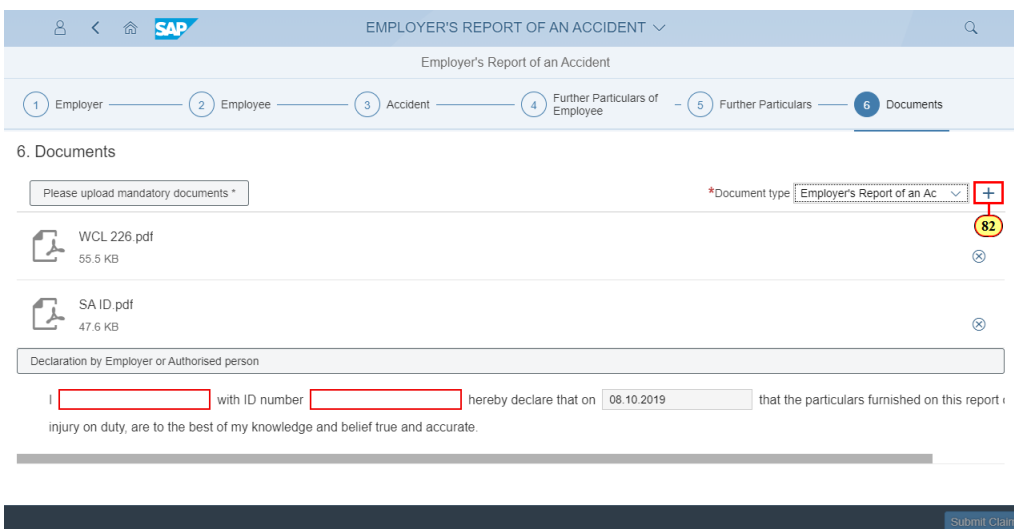
Step	Action
[80]	Click the <b>Document type</b>  <b>drop down option</b> button to display the available list.

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



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

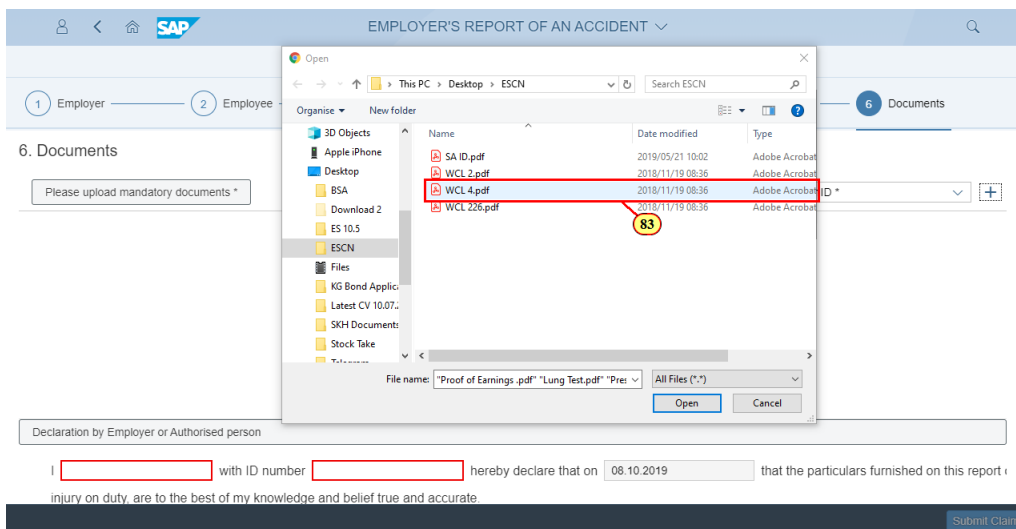
### 1.1.82. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome






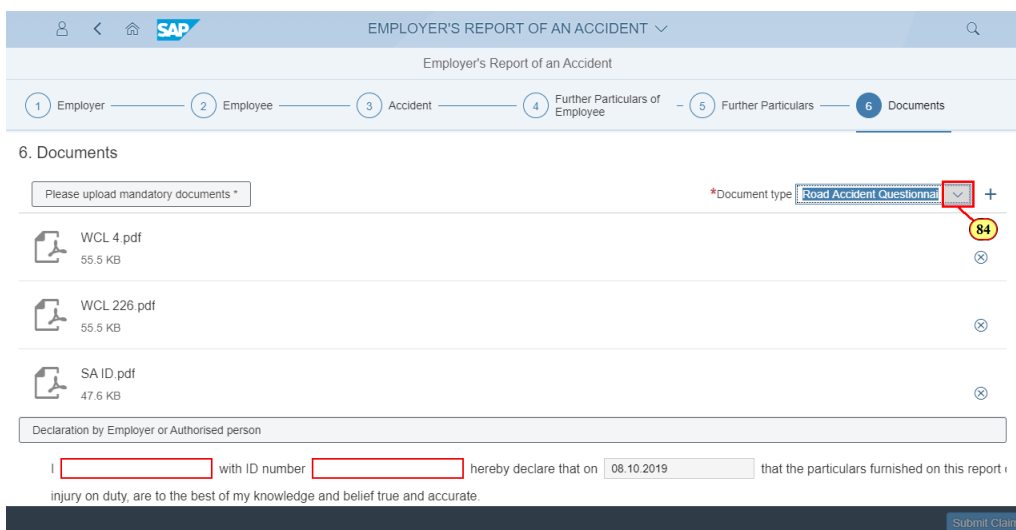
Step	Action
[82]	Click the <b>Add +</b> button to upload a document.

### 1.1.83. Open




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

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



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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

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

6. Documents

Please upload mandatory documents \*

\*Document type: Road Accident Questionnaire

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

WCL 4.pdf 55.5 KB

WCL 226.pdf 55.5 KB

SA ID.pdf 47.6 KB

Declaration by Employer or Authorised person

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

Submit Claim

Step	Action
[85]	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.

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

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

6. Documents

Please upload mandatory documents \*

\*Document type: First Medical Report - Accic

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

WCL 4.pdf 55.5 KB

WCL 226.pdf 55.5 KB

SA ID.pdf 47.6 KB

Declaration by Employer or Authorised person


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

Submit Claim



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

### 1.1.87. Open

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

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

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

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

WCL 4.pdf  
55.5 KB

WCL 226.pdf  
55.5 KB

SA ID.pdf  
47.6 KB

Declaration by Employer or Authorised person

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

89

Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Accident

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

WCL 4.pdf  
55.5 KB

WCL 226.pdf  
55.5 KB

SA ID.pdf  
47.6 KB

Declaration by Employer or Authorised person

s.mas with ID number 600101878808 hereby declare that on 08.10.2019 that the particulars furnished on this report injury on duty, are to the best of my knowledge and belief true and accurate.

90


Submit Claim


Step	Action
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Step	Action
[90]	Enter <b>6001018788081</b> in the <b>ID Number</b> field.

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


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

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




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


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

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

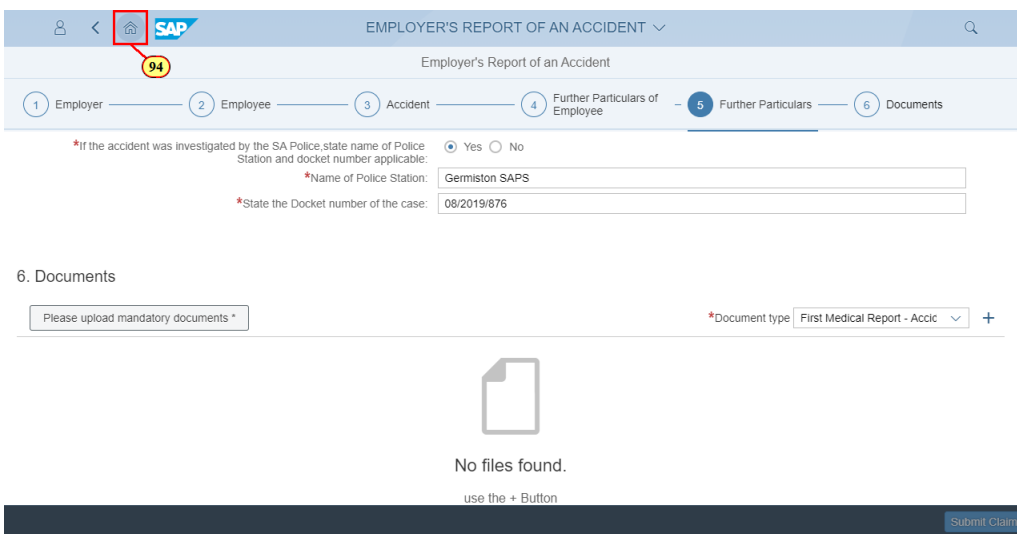
## 1.1.93. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome




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

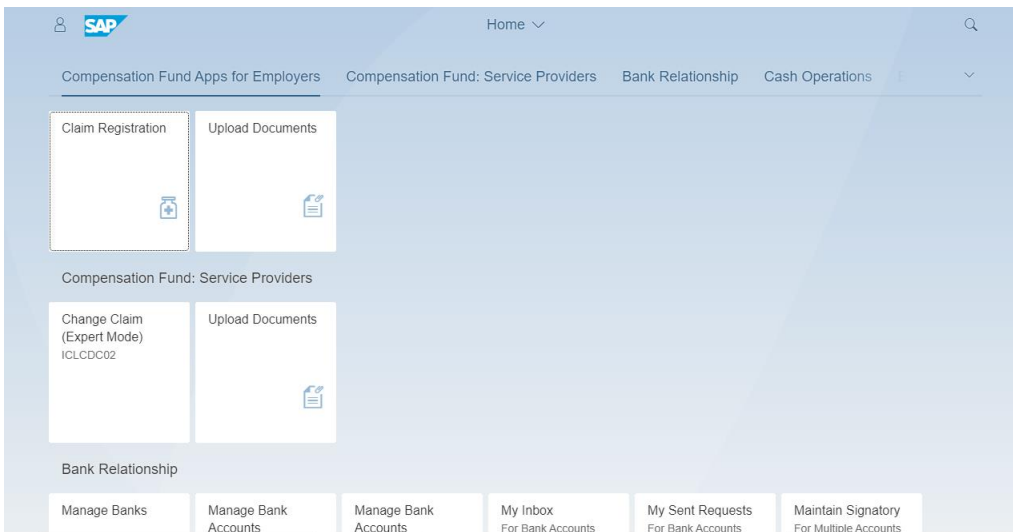
### 1.1.94. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome




Step	Action
[94]	Click the <b>Home</b>  button to return to the launchpad.



## 1.1.95. Home - Google Chrome



 Well done! You have successfully completed lodging a claim.