1.1. Custom App - Claim Registration WCL 1

Purpose

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

Business Scenario

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

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

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.

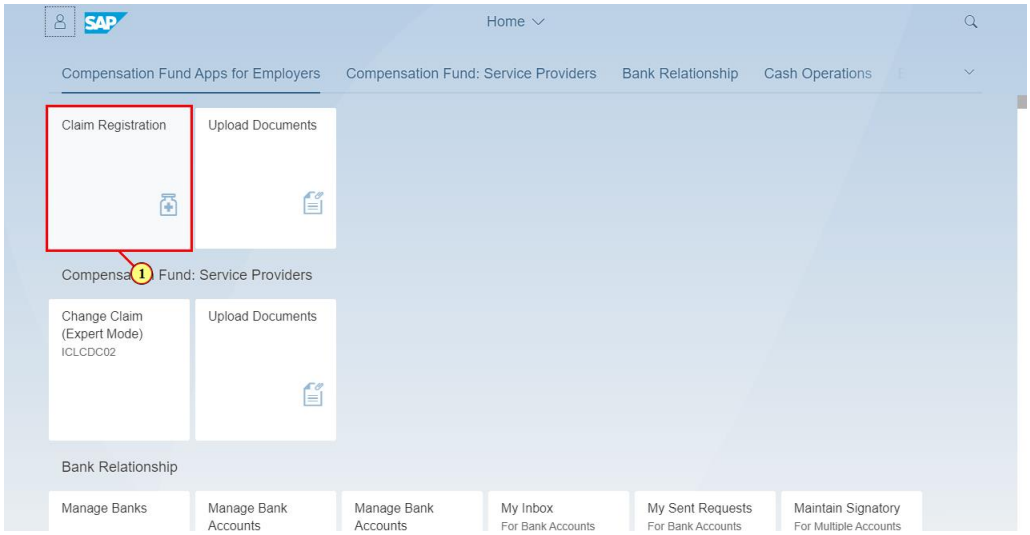
For exclusions please refer to the act.

Prerequisites

The following prerequisites are applicable when processing this transaction:

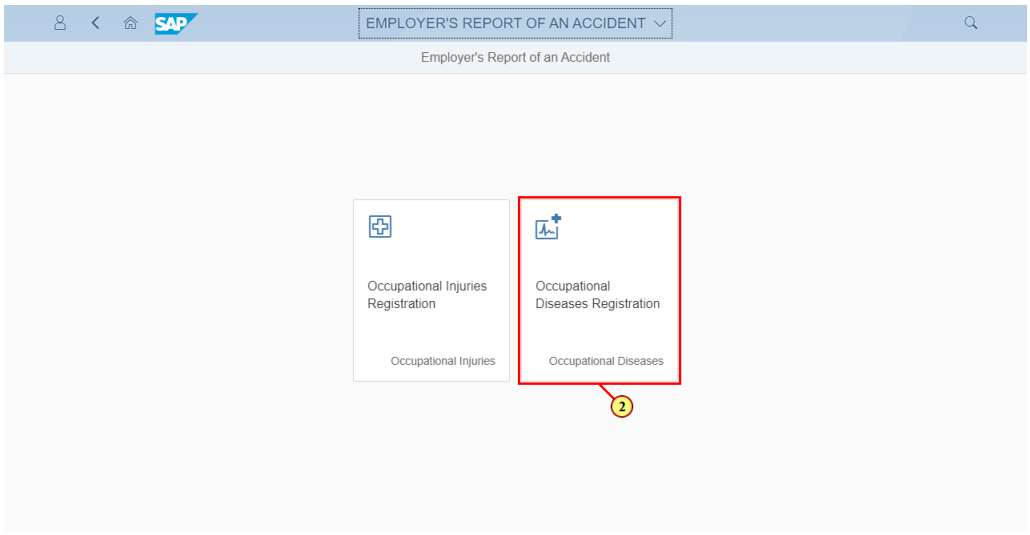
- Registered Business Partner.
- Authorised third party user access to CompEasy.
- Completed WCL1 Occupational Disease Notification form.
- Completed WCL22 Medical Report.
- Proof of Identity.
- Additional related medical reports

1.1.1. Home - Google Chrome



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

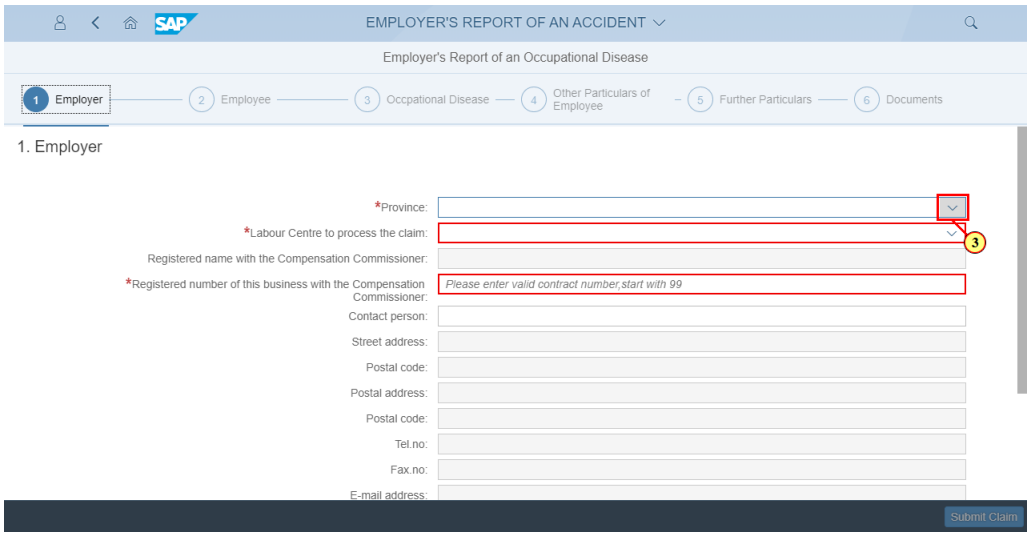
1.1.2. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



	In the **Incident Type** field the employer must select the **Form Type** in which they wish to lodge a claim. There are two options available: • WCL2 - Occupational Injury • WCL1 - Occupational Disease

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

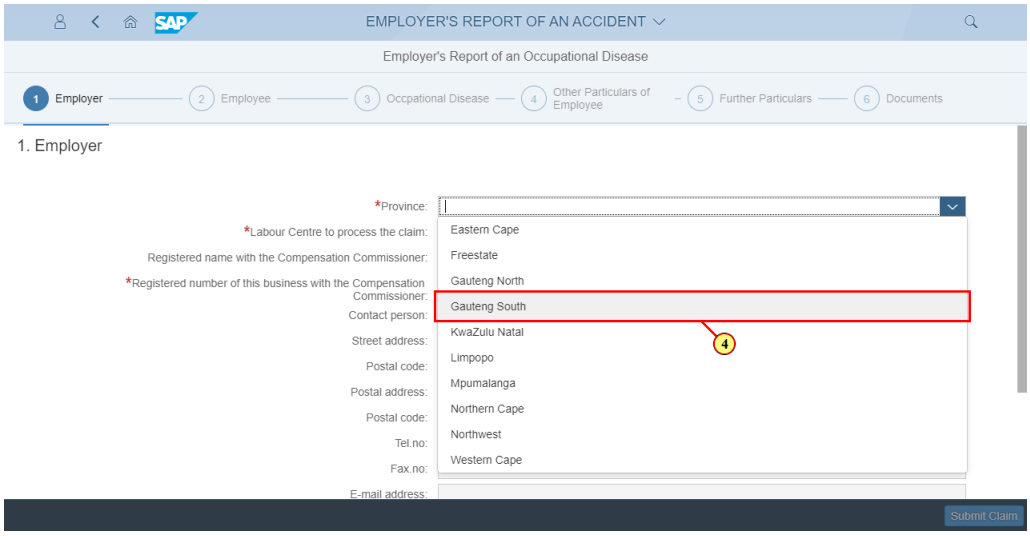
1.1.3. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



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

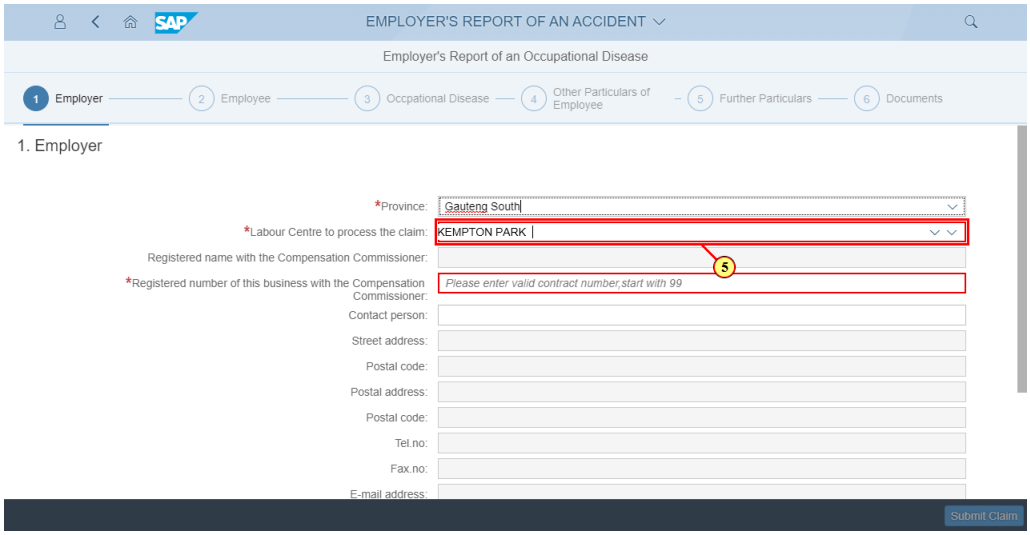
Step	Action
[3]	Click the **Province** drop down option button to display the available list.

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



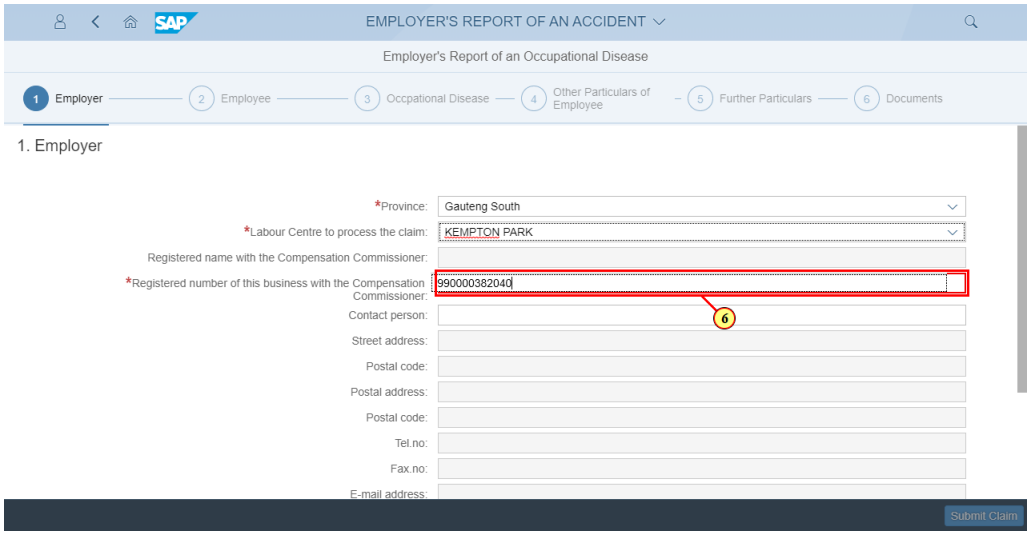
Step	Action
[4]	Click on the **Gauteng South** Gauteng South option to select it.

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



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

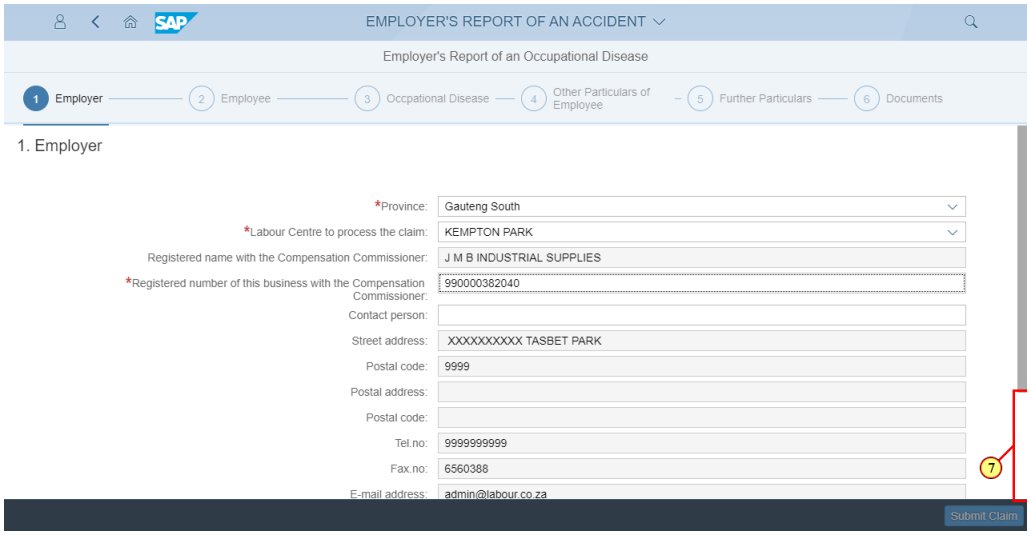
1.1.6. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



	In the "**Registered Number of this Business with the Compensation Commissioner"** field the Employer Contract number starting with 99 is entered. 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.

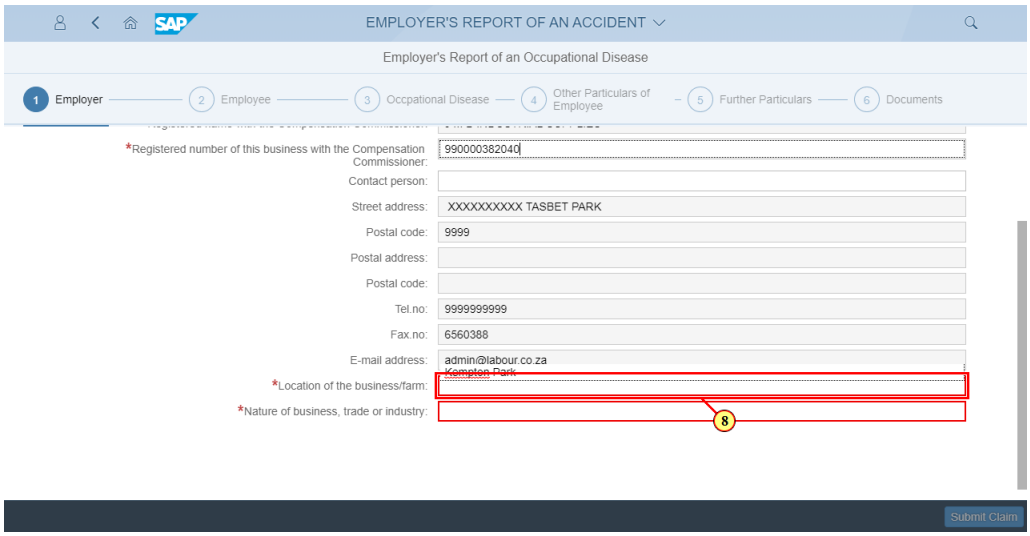
Step	Action
[6]	Enter **990000382040** in the **Registered number of this business with the Compensation Commissioner** field.

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



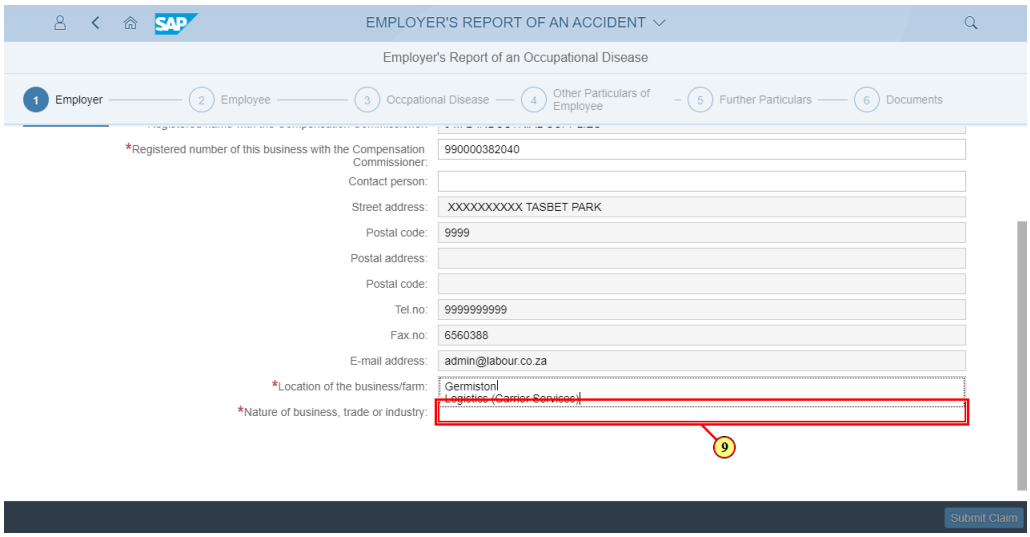
Step	Action
[7]	Click in the **area below the scroll bar** to scroll down.

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



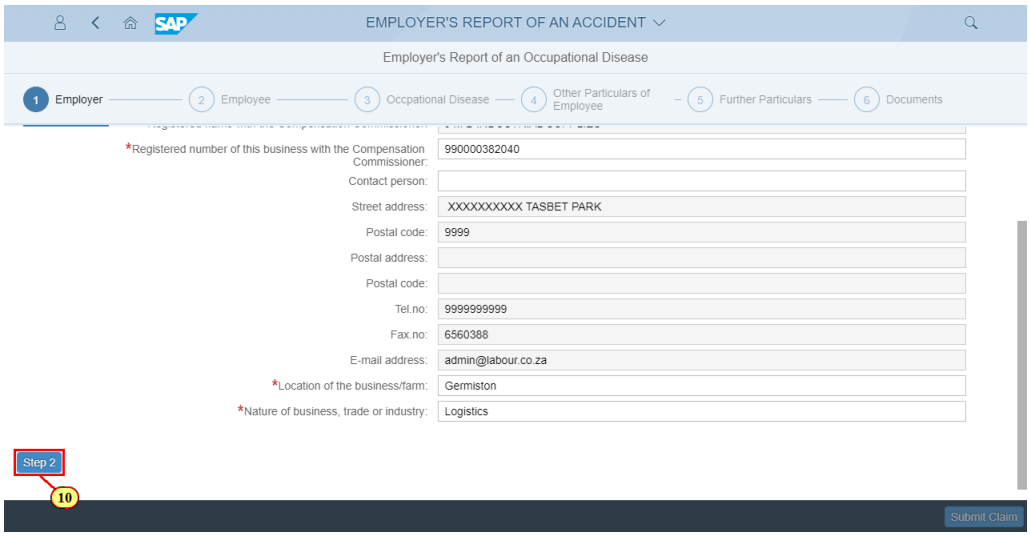
Step	Action
[8]	Enter **Germiston** in the **Location of the business/farm** field.

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



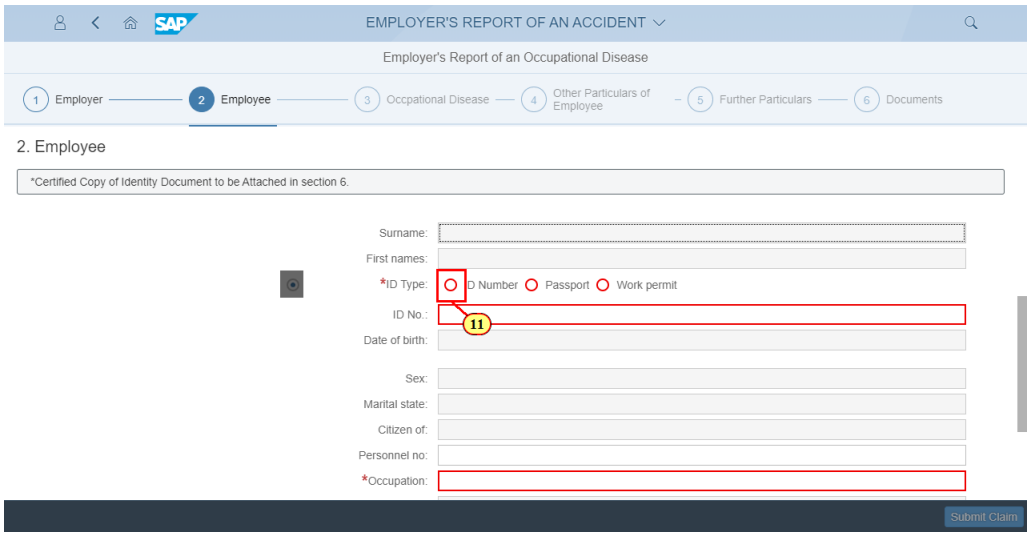
Step	Action
[9]	Enter **Logistics** in the **Nature of business, trade or industry** field.

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



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

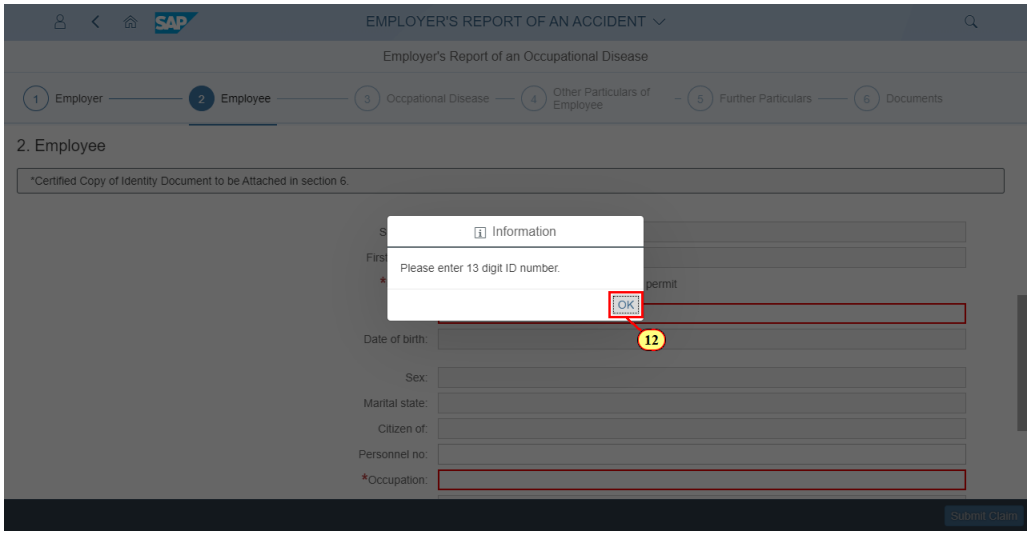
1.1.11. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



	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.

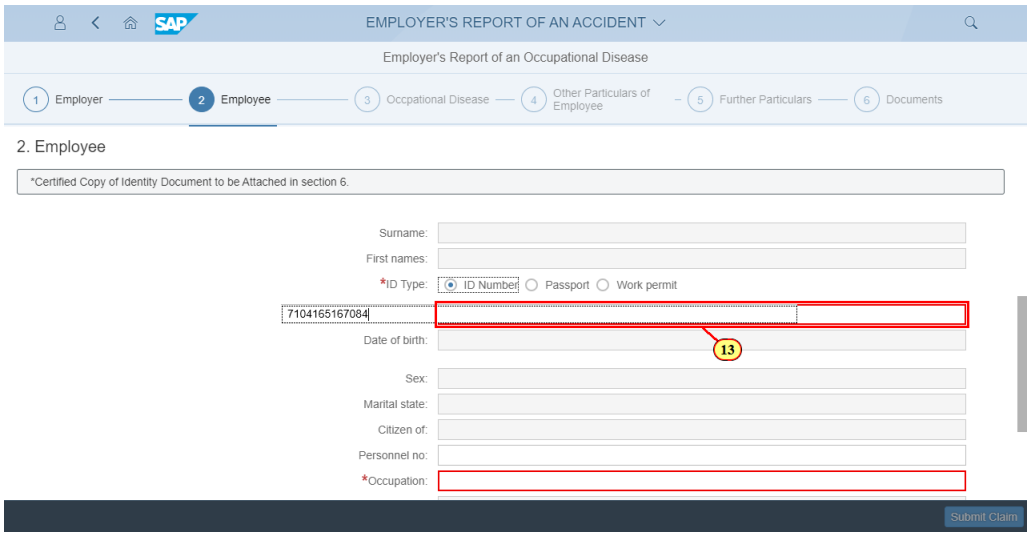
Step	Action
[11]	Click to select the **ID Number** radio button.

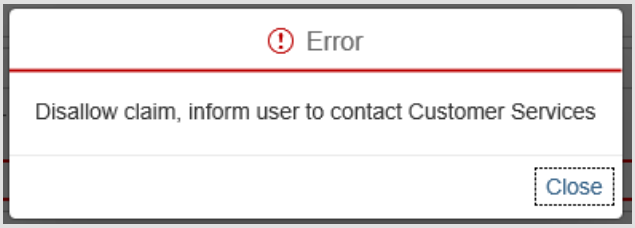
1.1.12. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



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

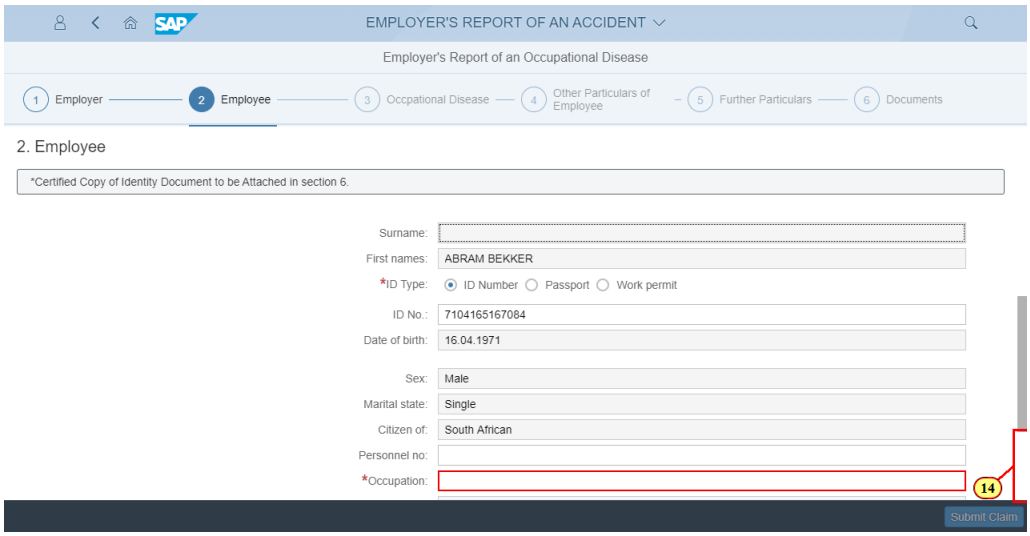
1.1.13. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



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

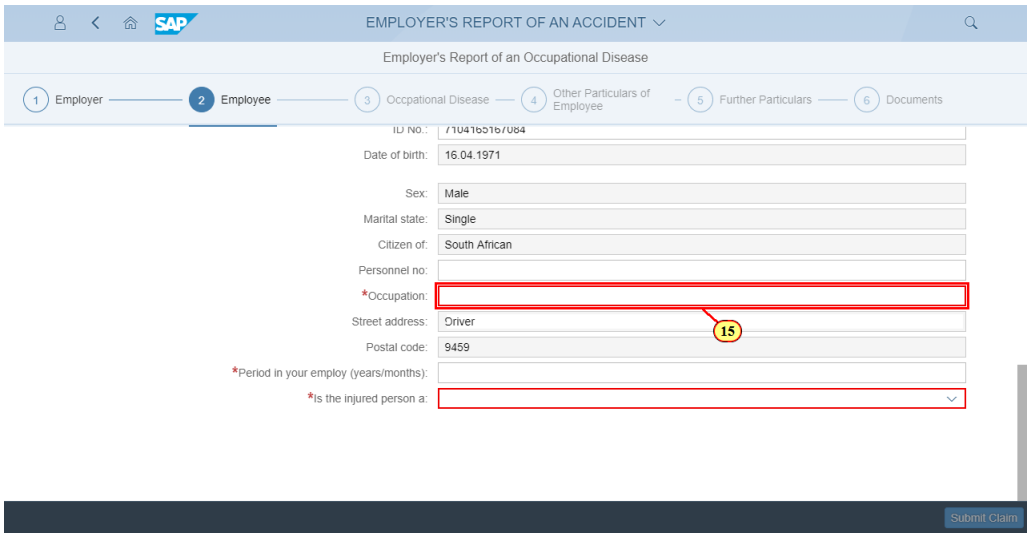
Step	Action
[13]	Enter **7104165167084** in the **ID No.** field.

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



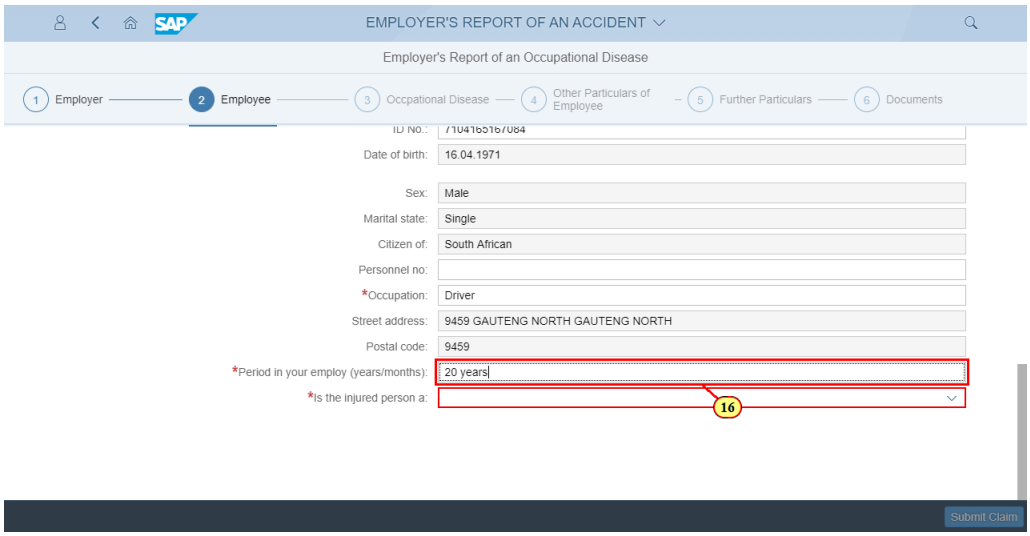
Step	Action
[14]	Click in the **area below the scroll bar** to scroll down.

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



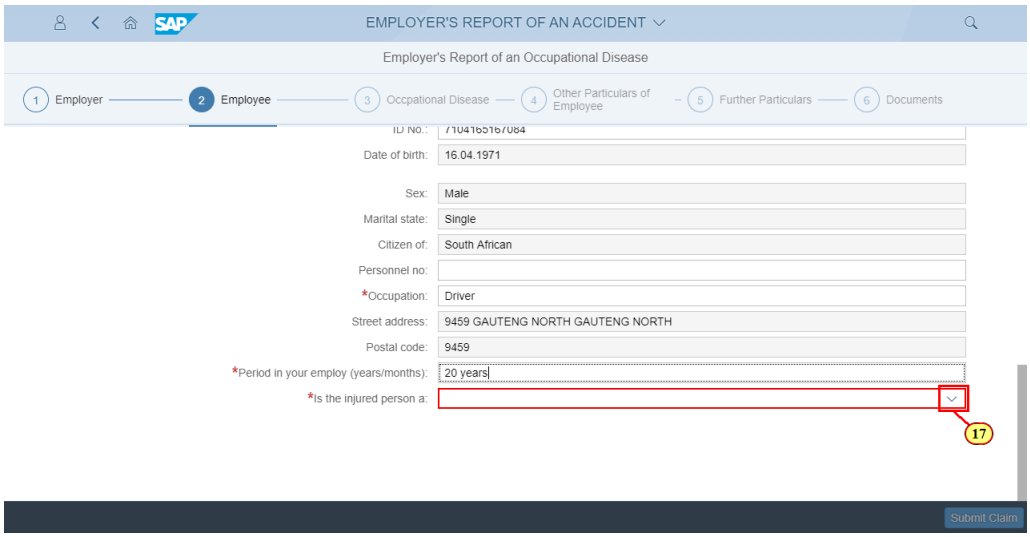
Step	Action
[15]	Enter **Driver** in the **Occupation** field.

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



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

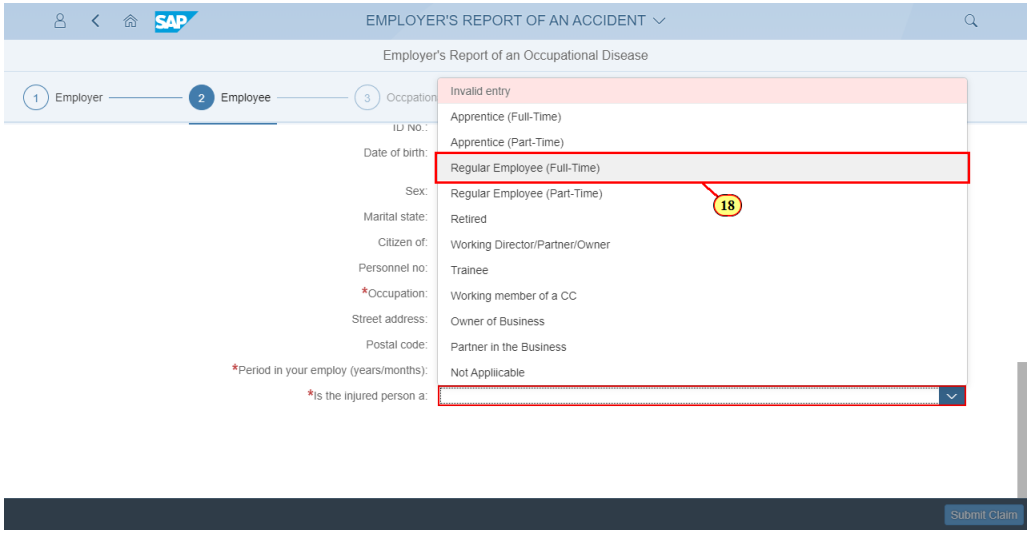
1.1.17. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

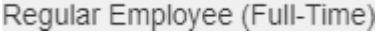


	The "**Is the Injured Person a**" field defines the employees' employment status within the business, for example, Part time or Permanent.

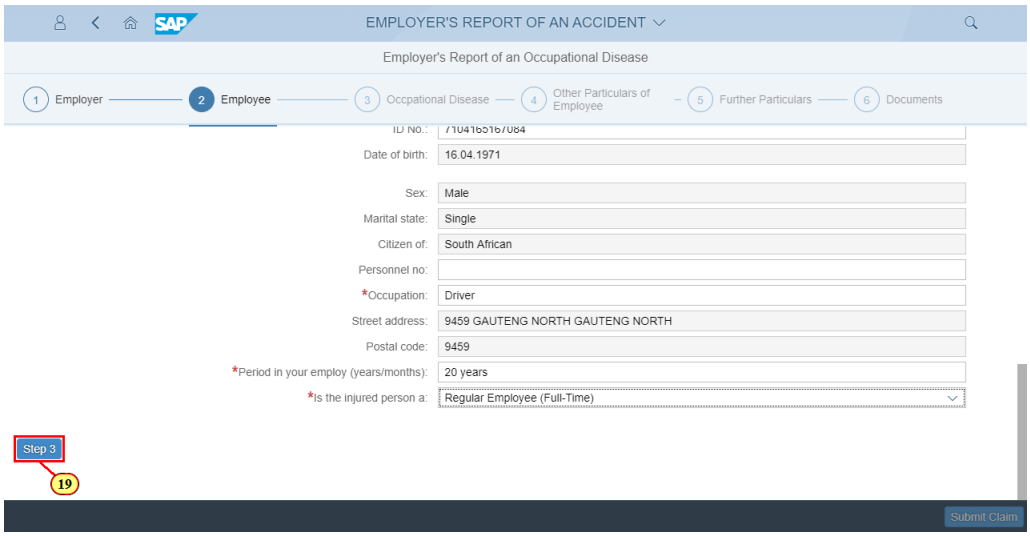
Step	Action
[17]	Click the **Is the injured person a** **drop down option** button to display the available list.

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



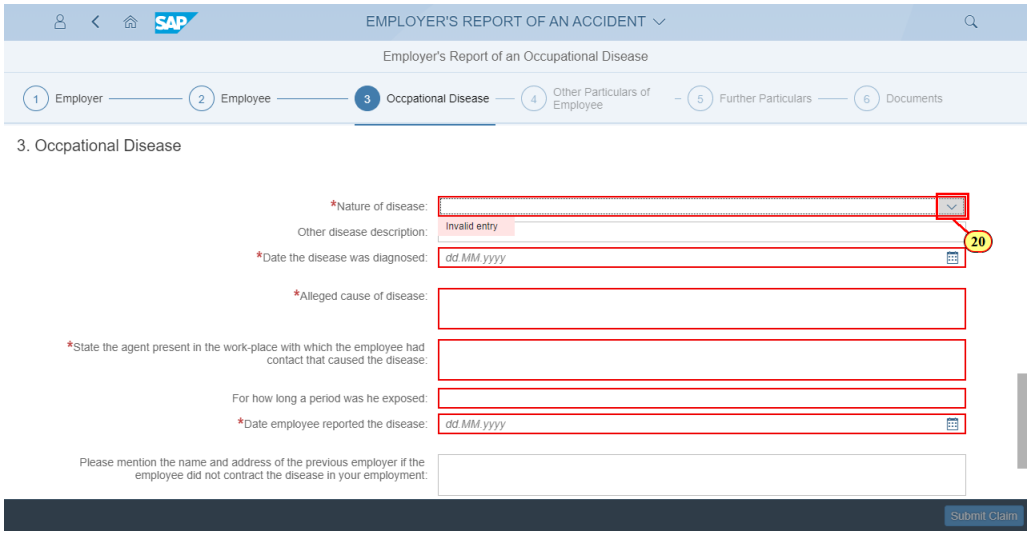
Step	Action
[18]	Click on the **Regular Employee (Full-Time)**  option to select it.

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



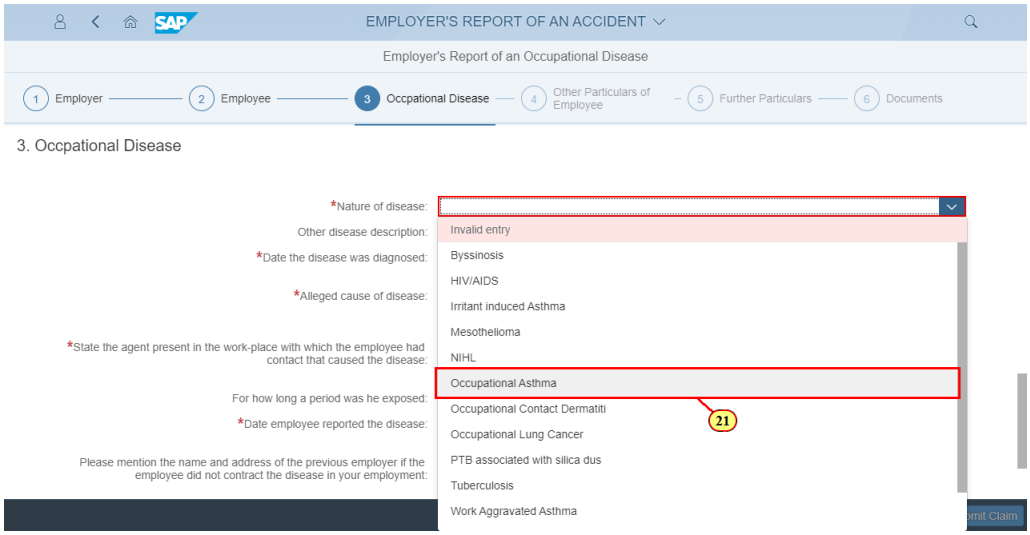
Step	Action
[19]	Click the **Step 3** Step 3 button to display the next task.

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



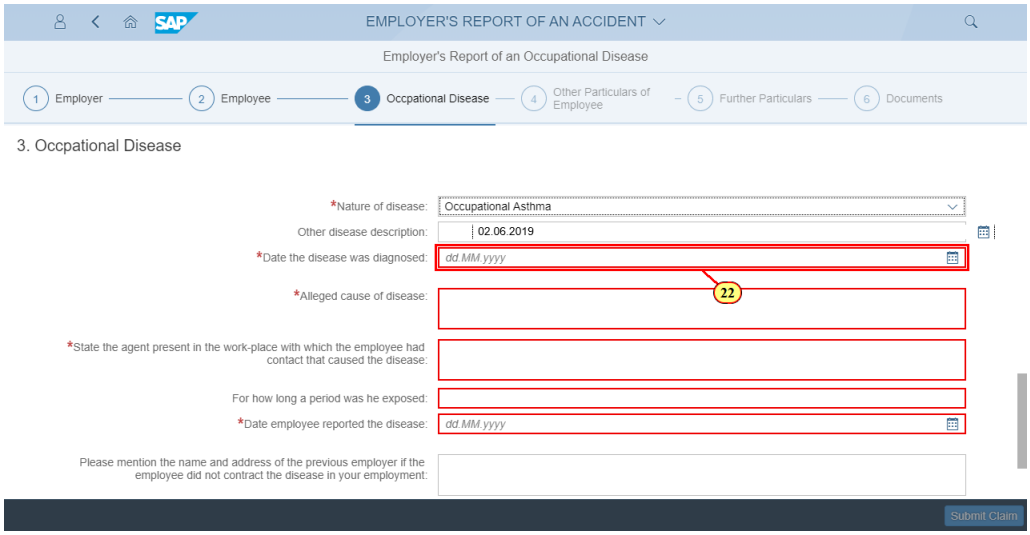
Step	Action
[20]	Click the **Nature of Injury** **drop down** button to search for the required value.

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



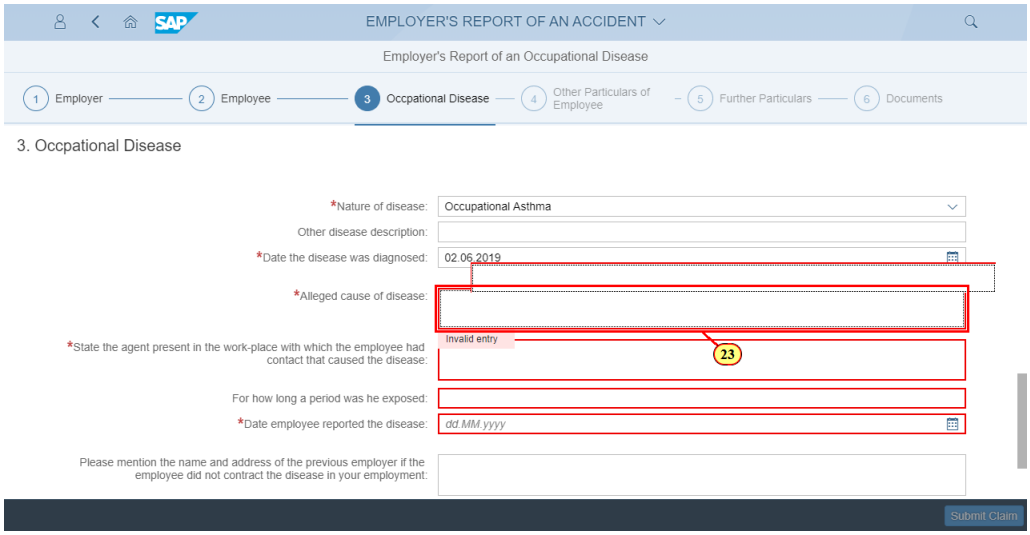
Step	Action
[21]	Click on the **Occupational Asthma** Occupational Asthma option to select it.

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



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

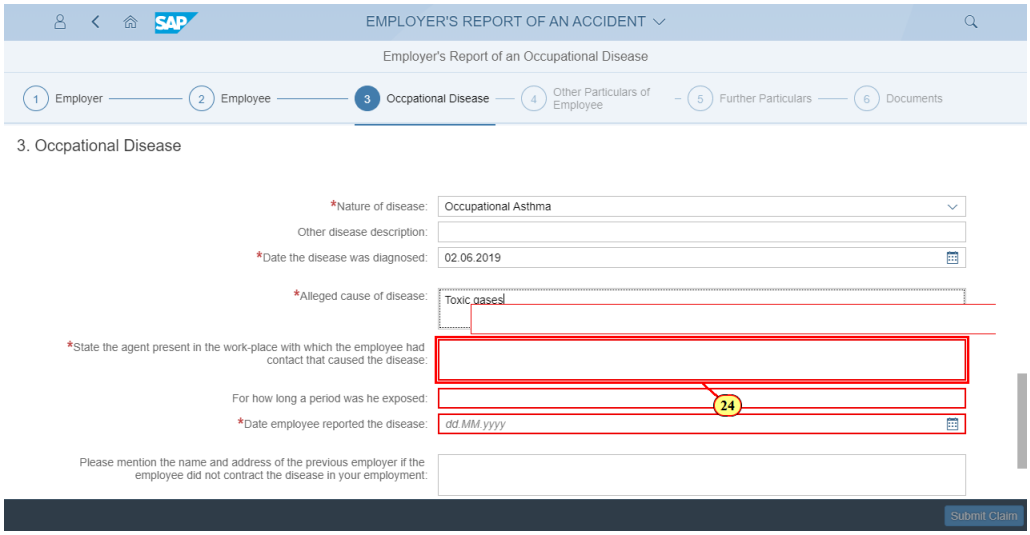
1.1.23. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



Step	Action

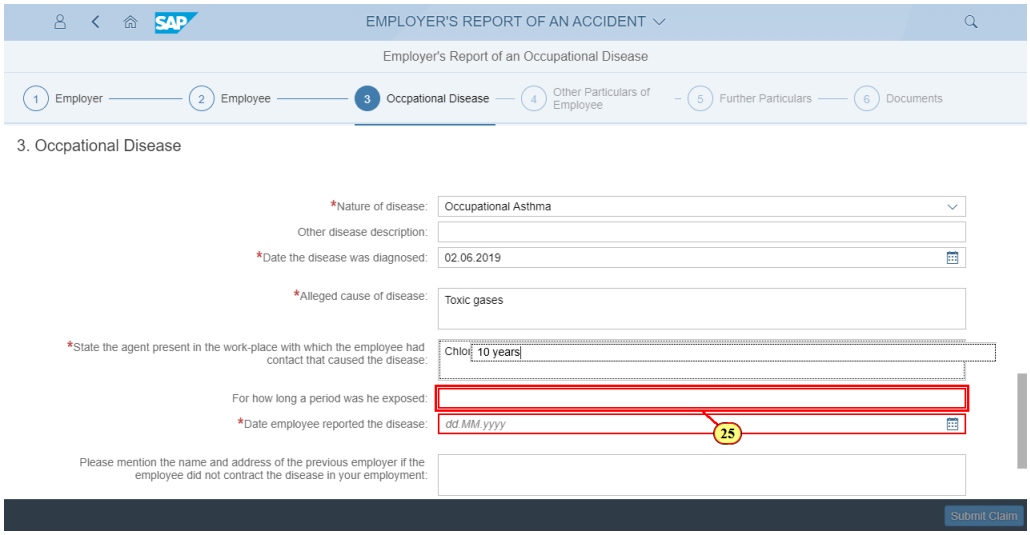
Step	Action
[23]	Enter **Toxic Gases** in the **Alleged cause of disease** field.

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



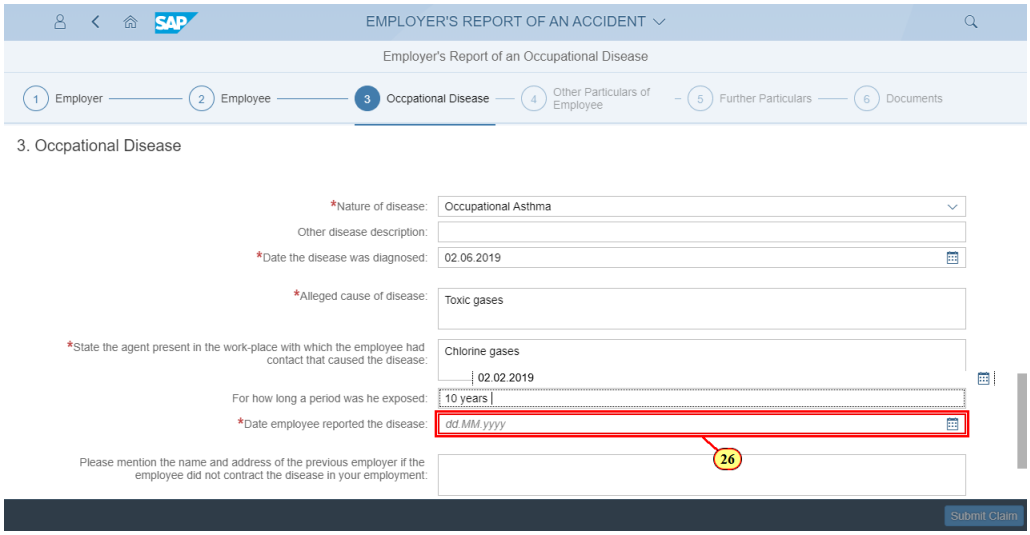
Step	Action
[24]	Enter **chlorine gases** in the **(State the agent present in the work-place and with which he had contact that caused the disease)** field.

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



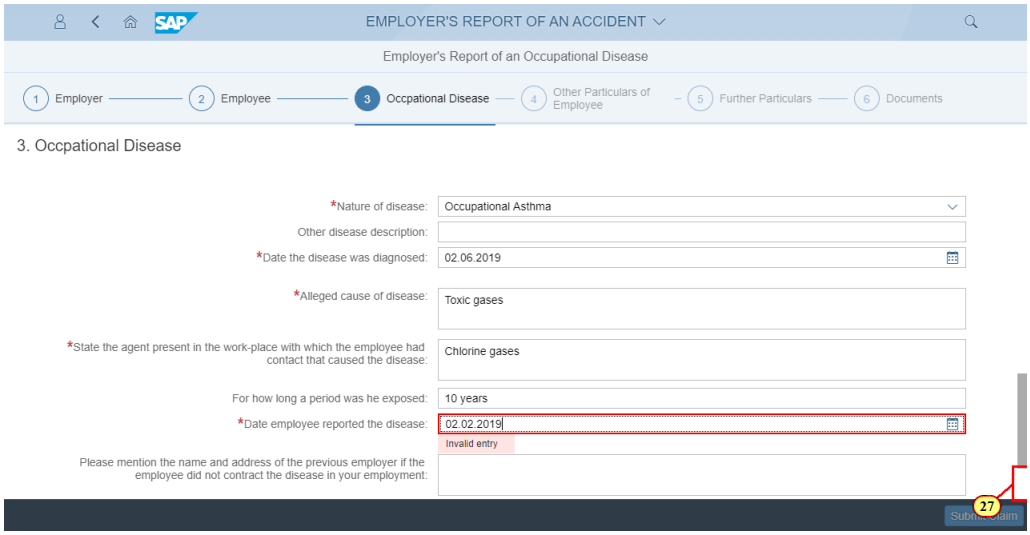
Step	Action
[25]	Enter **10 years** in the **For how long a period was he exposed** field.

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



Step	Action
[26]	Enter **02.02.2019** in the **Date employee reported the disease** field.

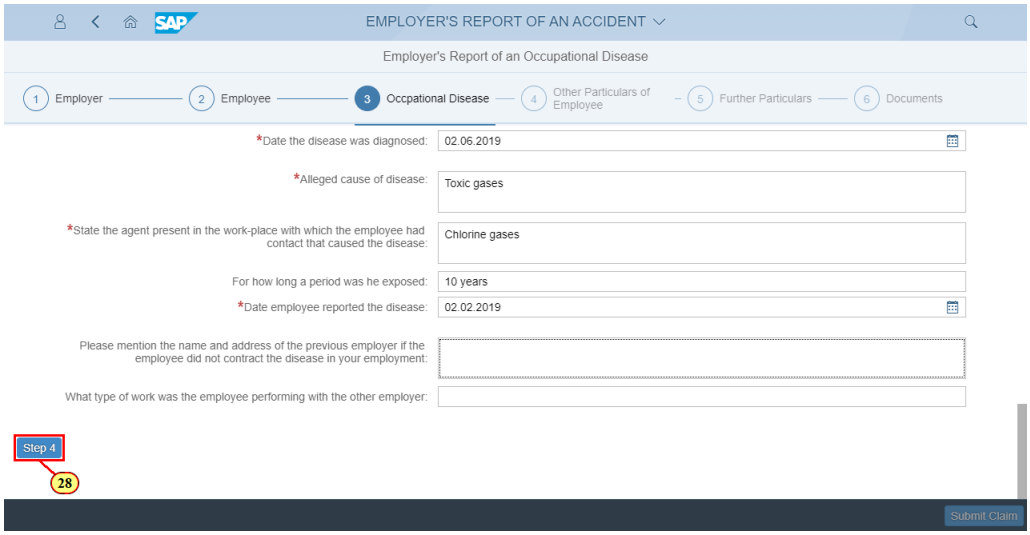
1.1.27. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



Step	Action

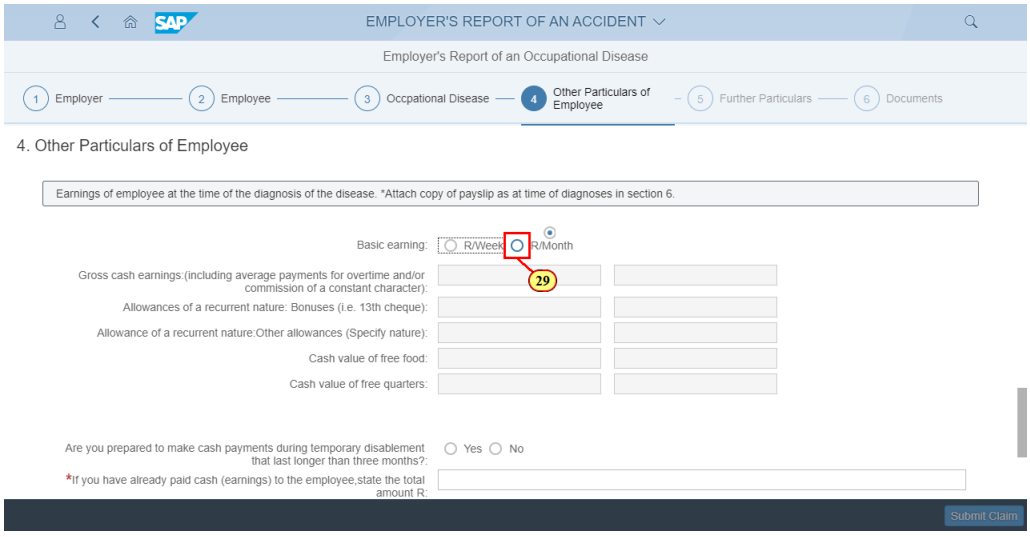
Step	Action
[27]	Click in the **area below the scroll bar** to scroll down.

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



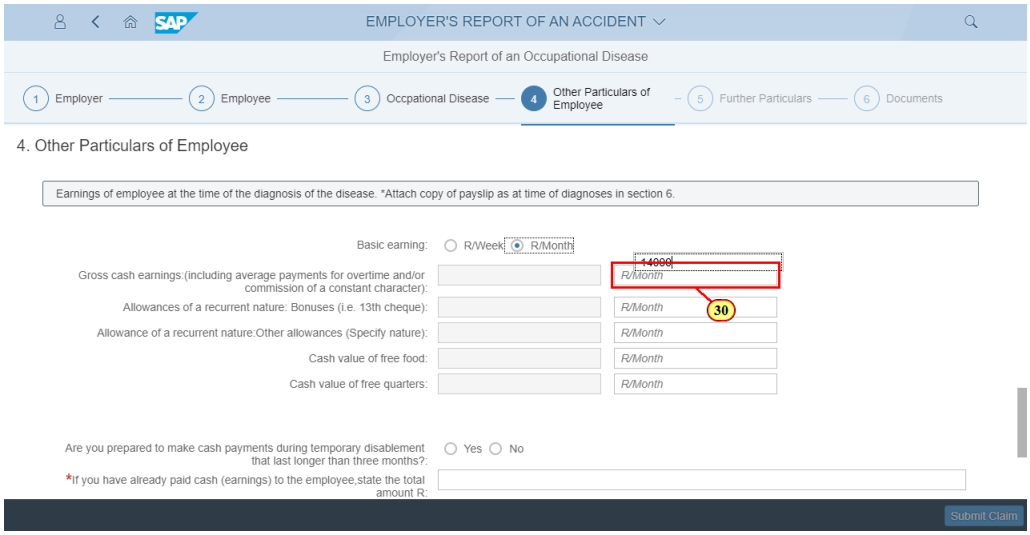
Step	Action
[28]	Click the **Step 4** Step 4 button to display the next task.

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



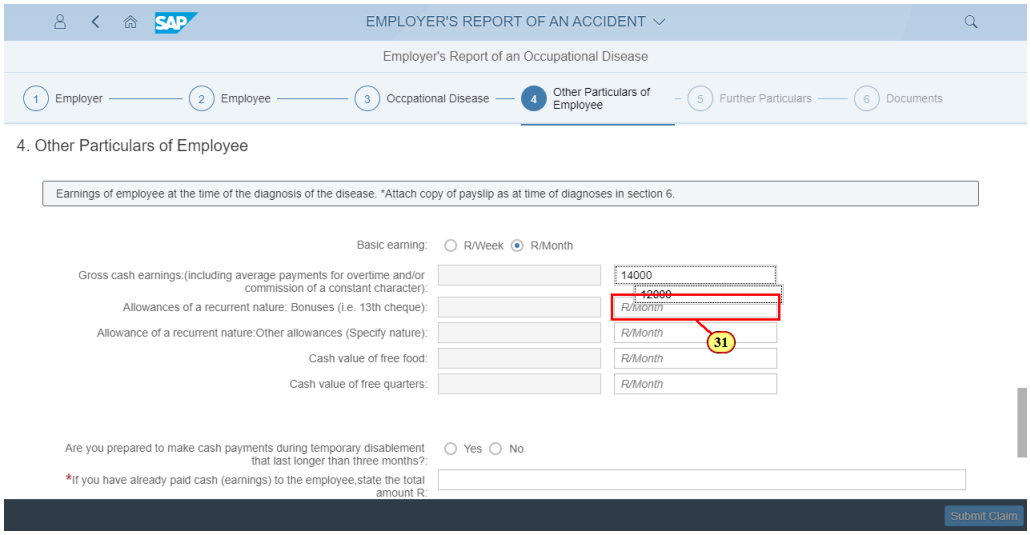
Step	Action
[29]	Click to select the **R/Month** radio button.

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



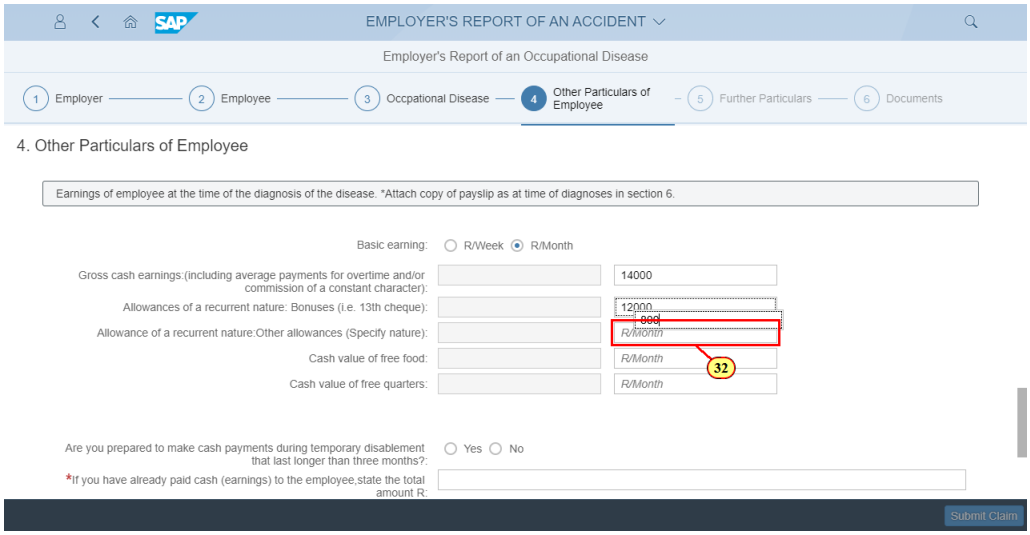
Step	Action
[30]	Enter **14000** in the **Gross cash earnings** field.

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



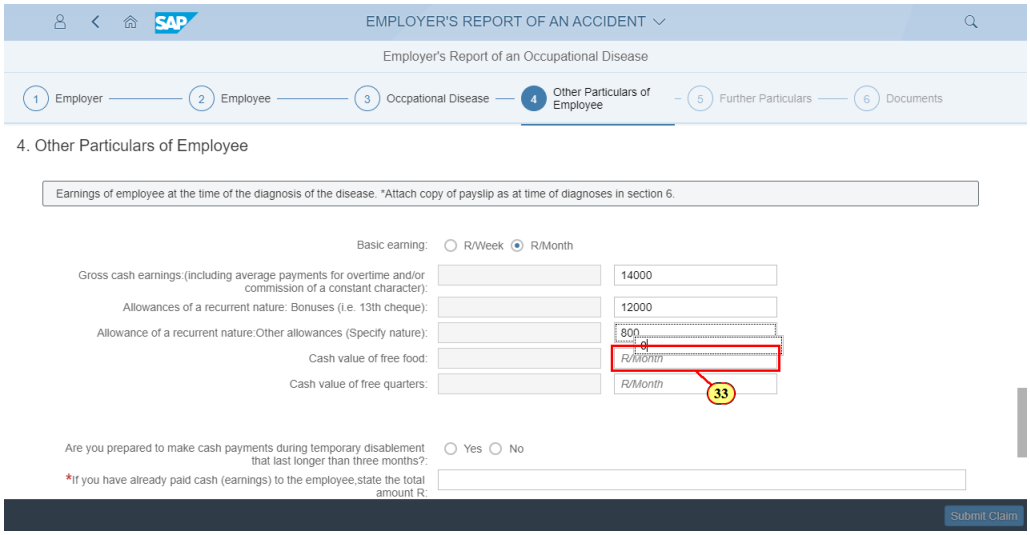
Step	Action
[31]	Enter **12000** in the **Allowance of a recurrent nature** field.

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



Step	Action
[32]	Enter **800** in the **Allowance of a recurrent nature: Other allowances** field.

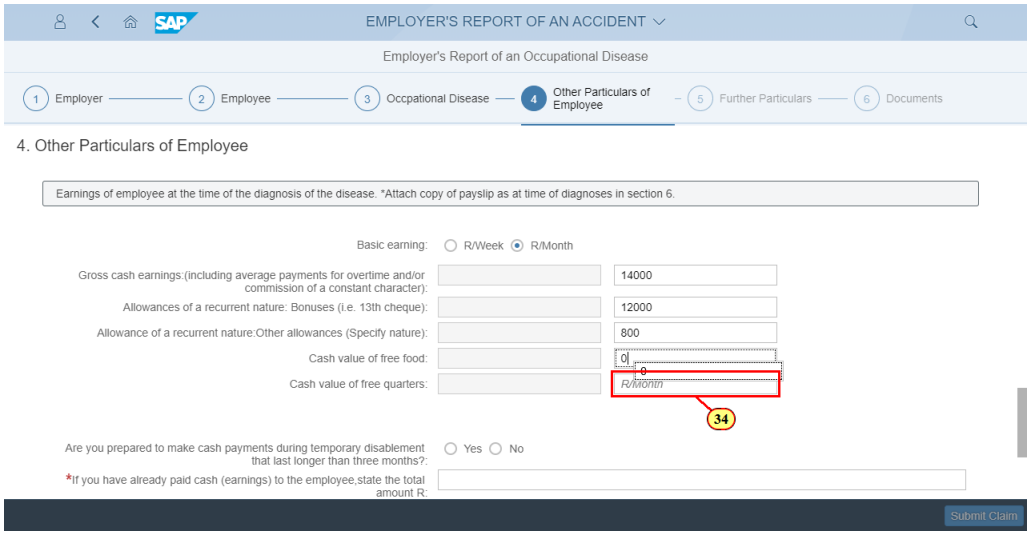
1.1.33. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



Step	Action

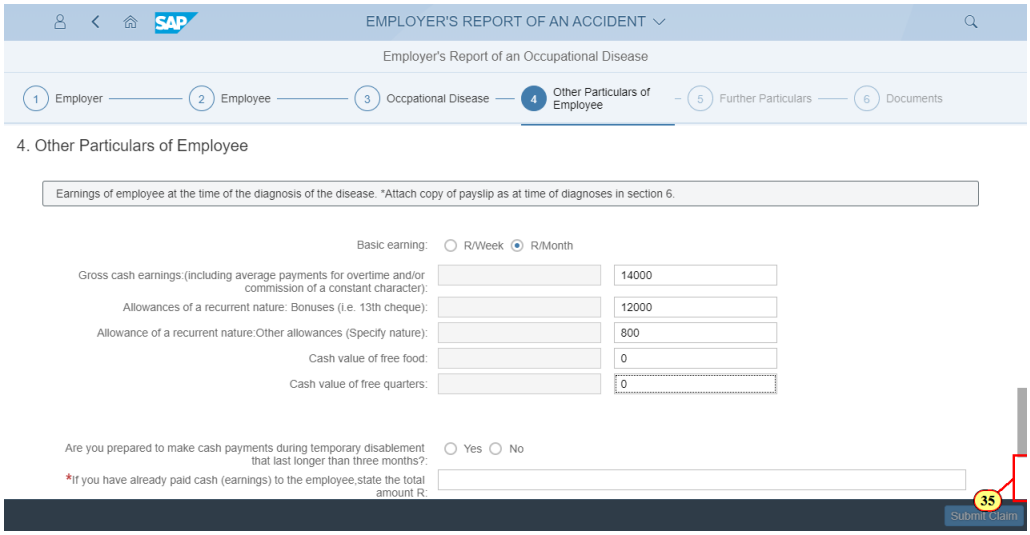
Step	Action
[33]	Enter **0** in the **Cash value of food** field.

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



Step	Action
[34]	Enter **0** in the **Cash Value of free quarters** field.

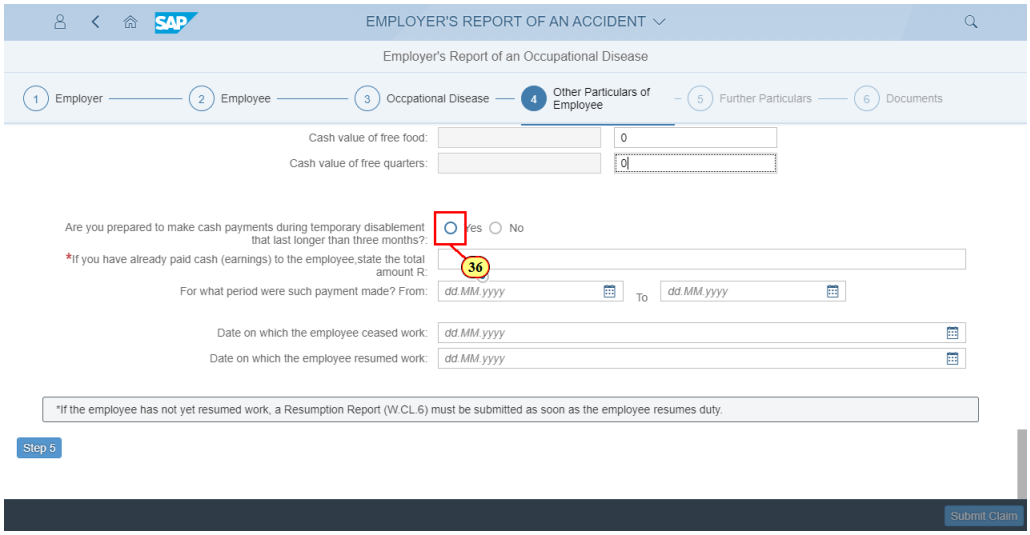
1.1.35. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



Step	Action

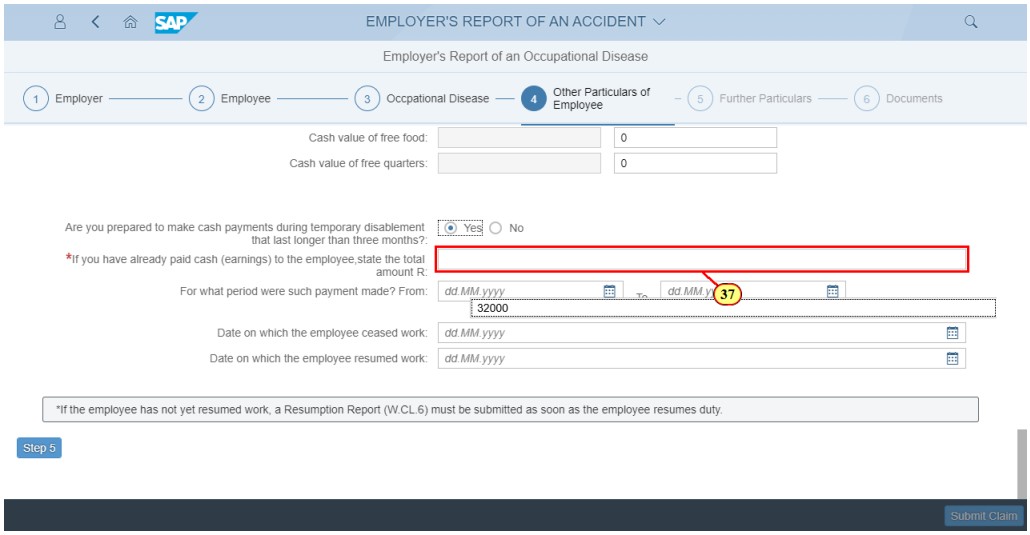
Step	Action
[35]	Click in the **area below the scroll bar** to scroll down.

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



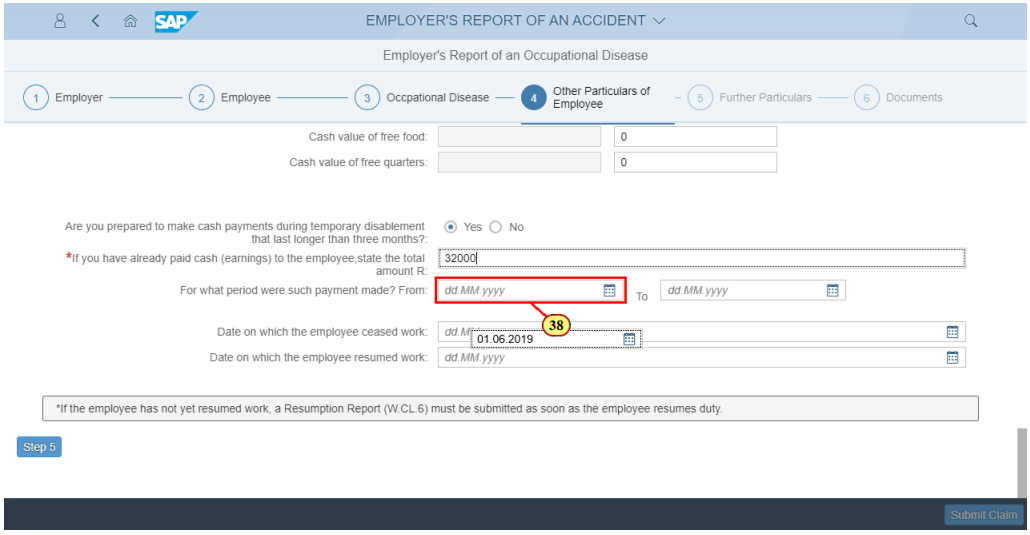
Step	Action
[36]	Click to select the **Yes** radio button.

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



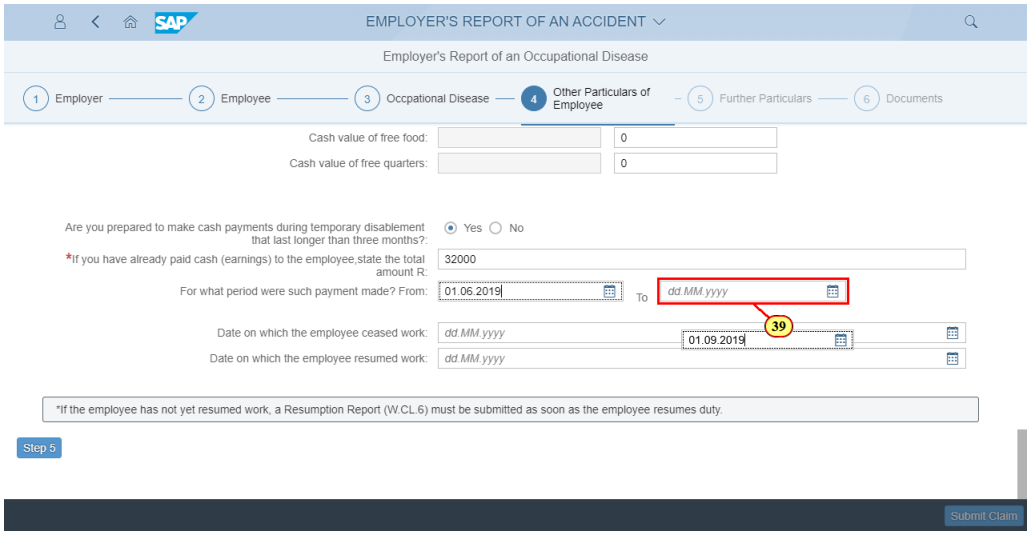
Step	Action
[37]	Enter **32000** in the **If you have already paid cash (earnings) to the employee, state the total amount R** field.

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



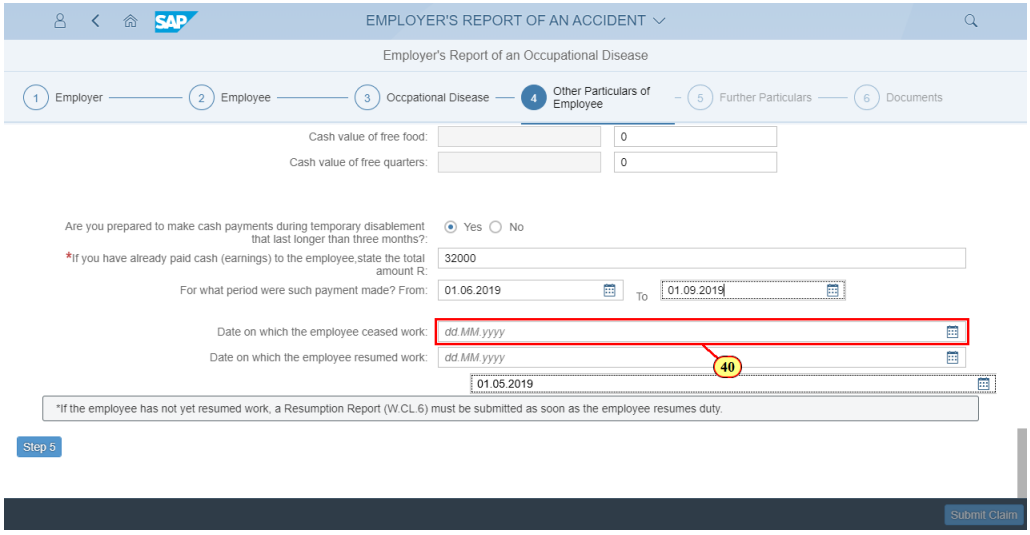
Step	Action
[38]	Enter **01.06.2019** in the **For what payment period were such payments made? From** field.

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



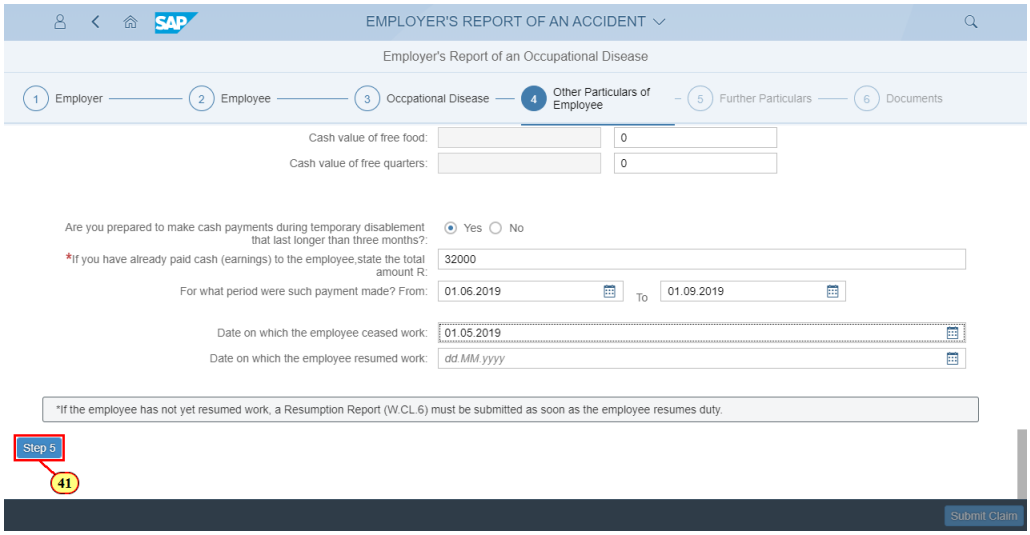
Step	Action
[39]	Enter **01.09.2019** in the **For what payment period were such payments made? To** field.

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



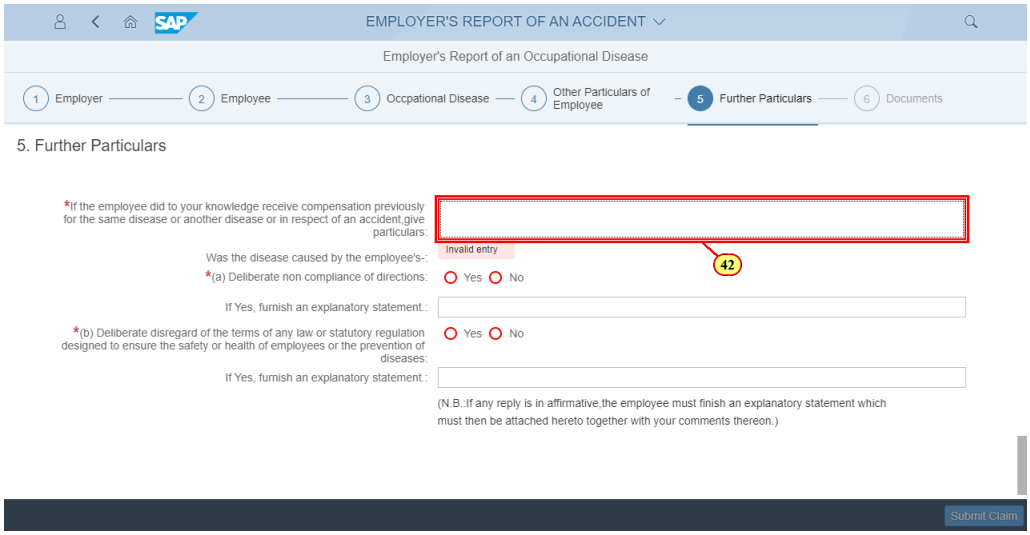
Step	Action
[40]	Enter **01.05.2019** in the **Date on which the employee ceased work** field.

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



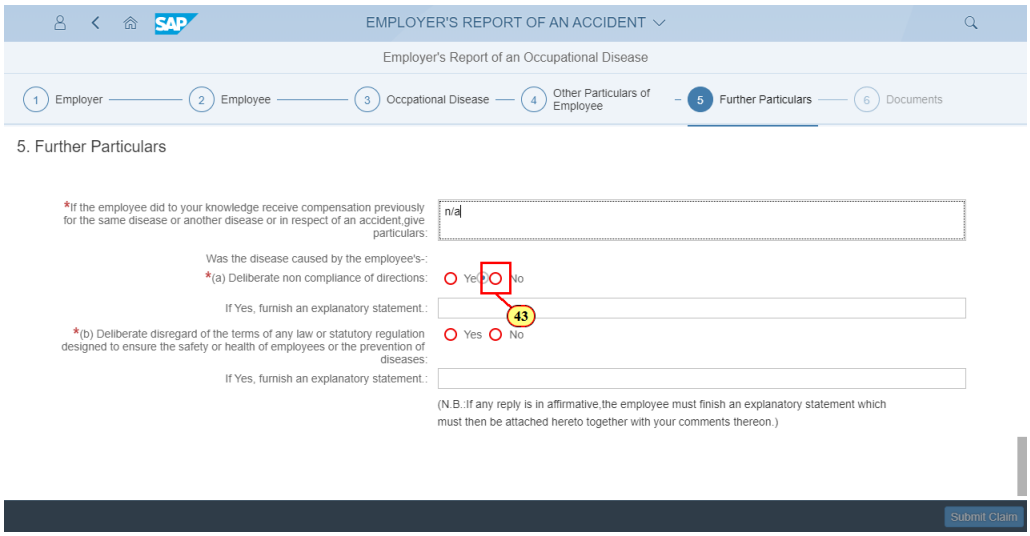
Step	Action
[41]	Click the **Step 5** Step 5 button to display the next task.

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



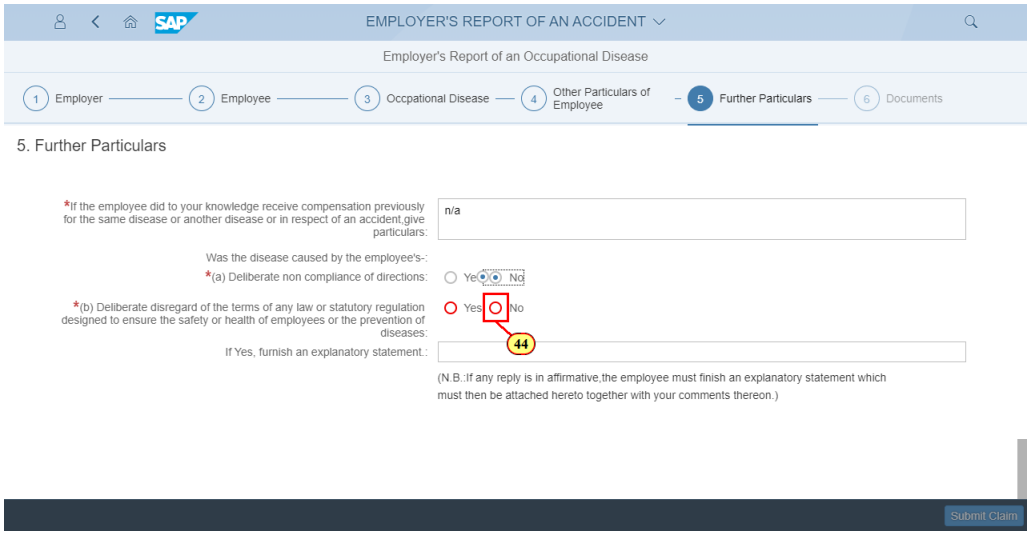
Step	Action
[42]	Enter **n/a** in the **If the employee did to your knowledge receive compensation previously for the same disease or another disease or in respect of an accident, give particulars** field.

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



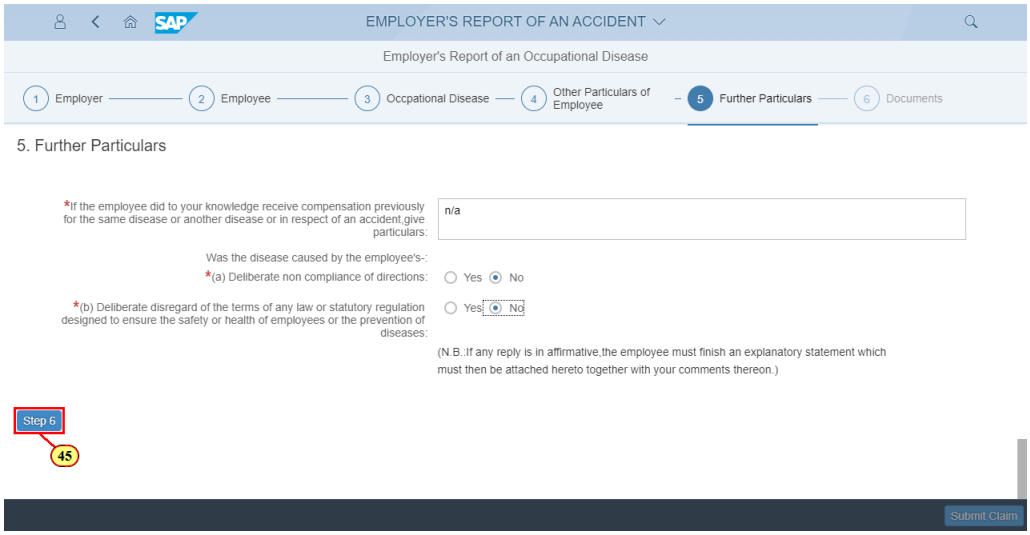
Step	Action
[43]	Click to select the **No** radio button.

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



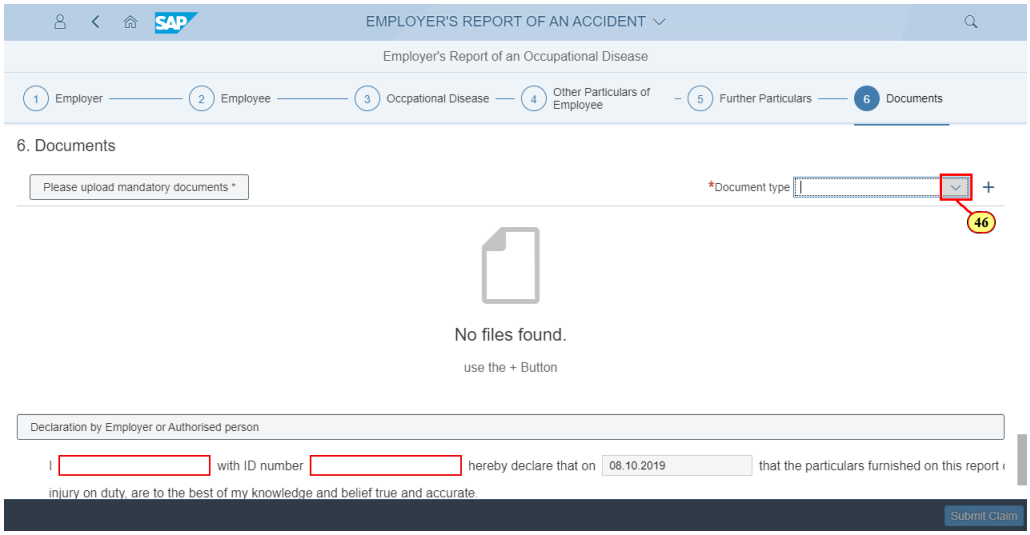
Step	Action
[44]	Click to select the **No** radio button.

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



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

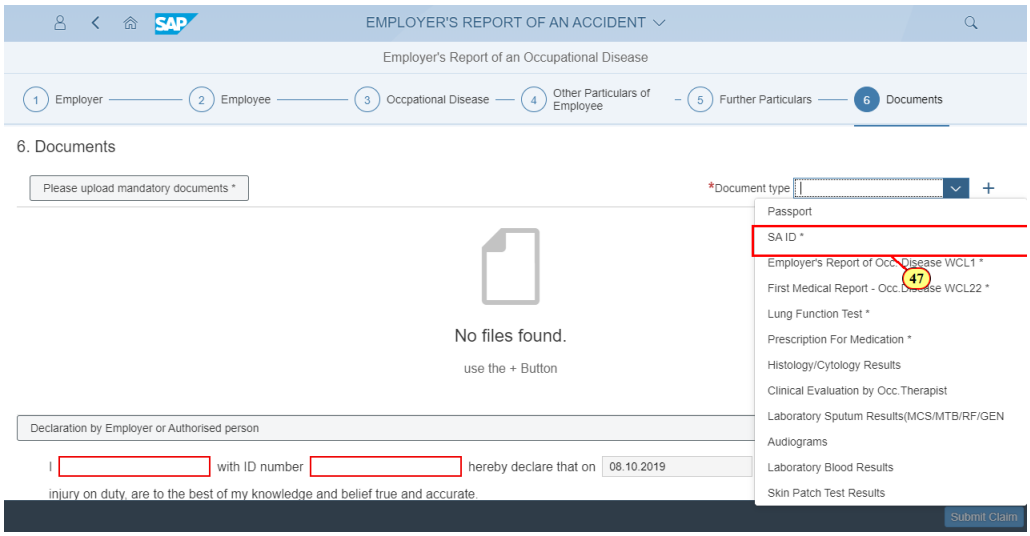
1.1.46. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



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

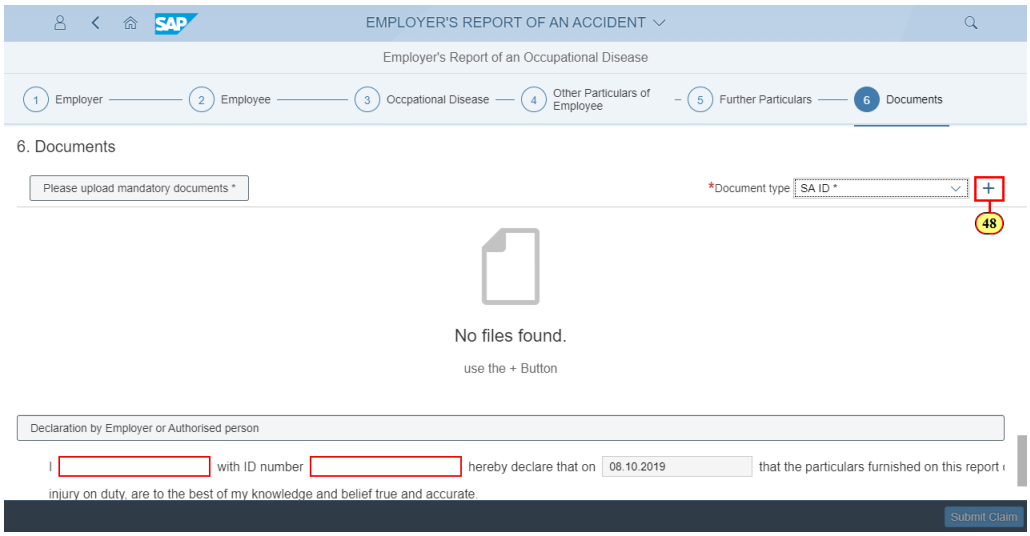
Step	Action
[46]	Click the **Document type** **drop down option** button to display the available list.

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



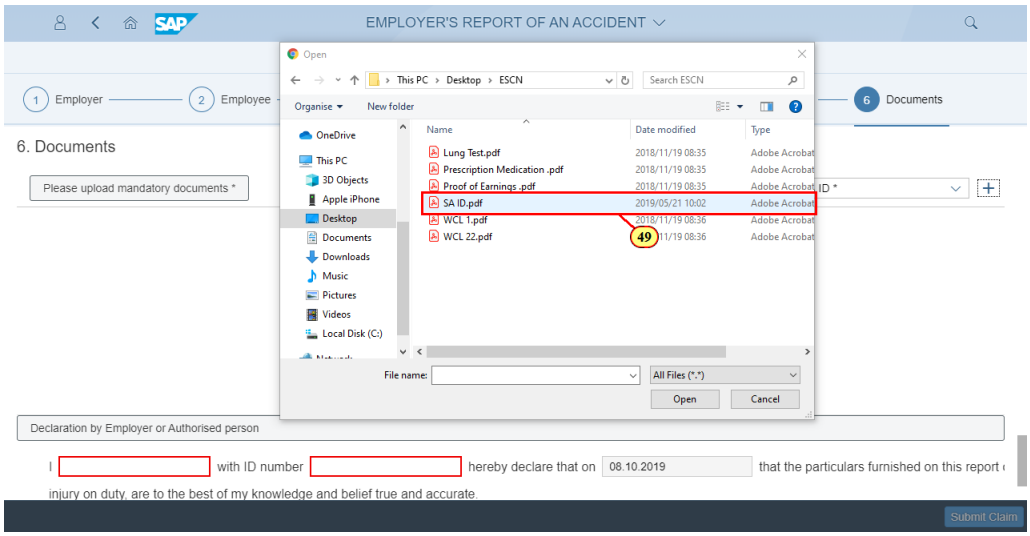
Step	Action
[47]	Click on the **SA ID** SA ID * option to select it.

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



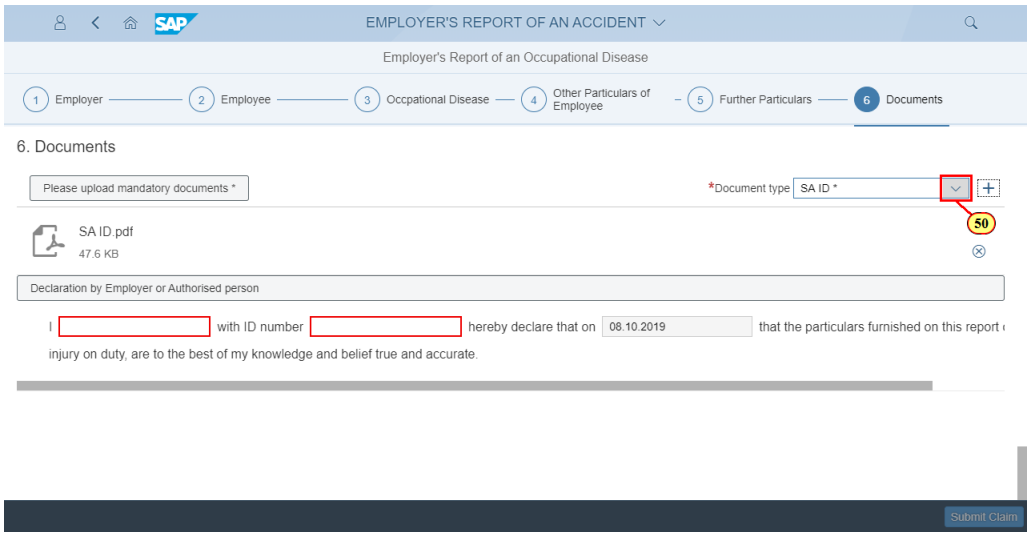
Step	Action
[48]	Click the **Add** + button to upload a document.

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



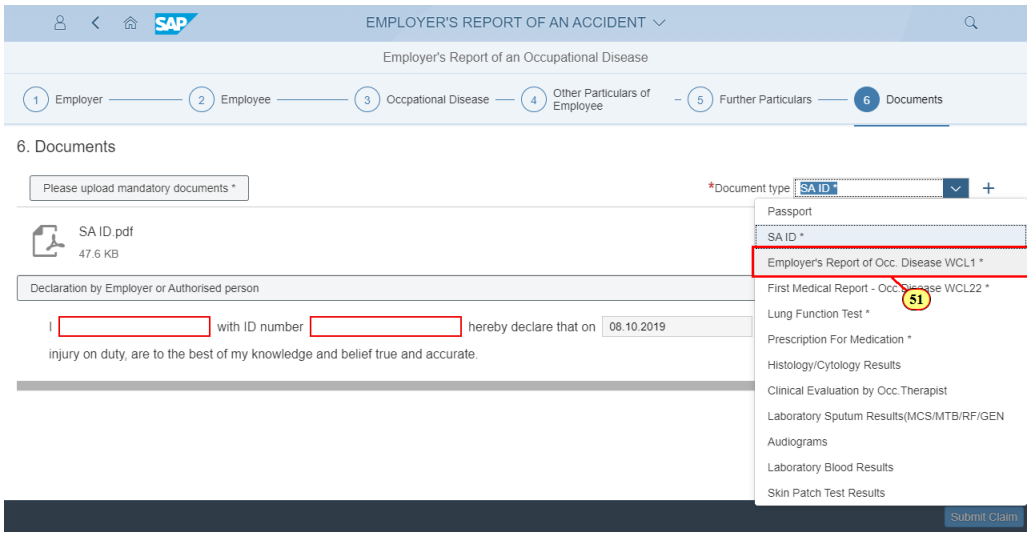
Step	Action
[49]	Double click on the **SA ID.pdf** SA ID.pdf file to select it.

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



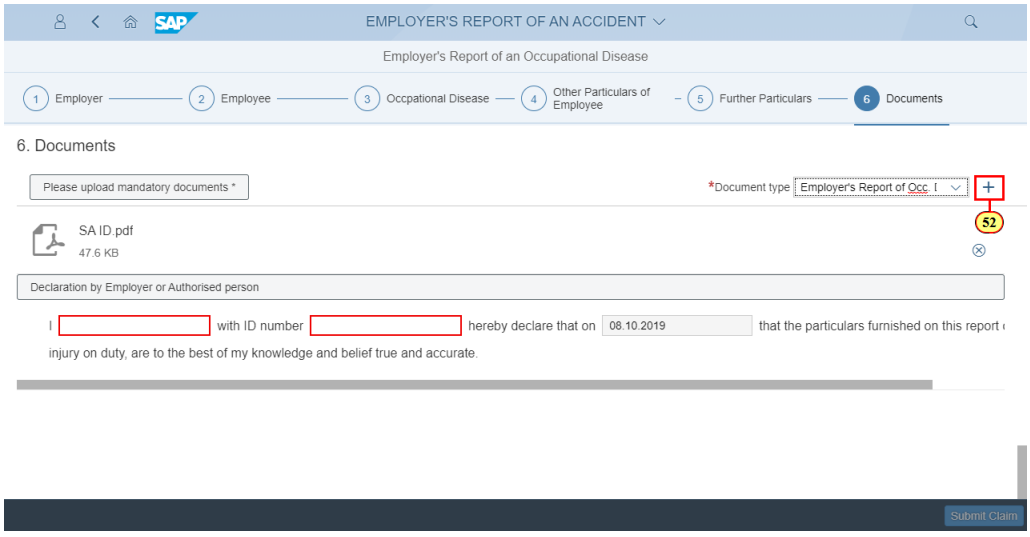
Step	Action
[50]	Click the **Document type** **drop down option** button to display the available list.

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



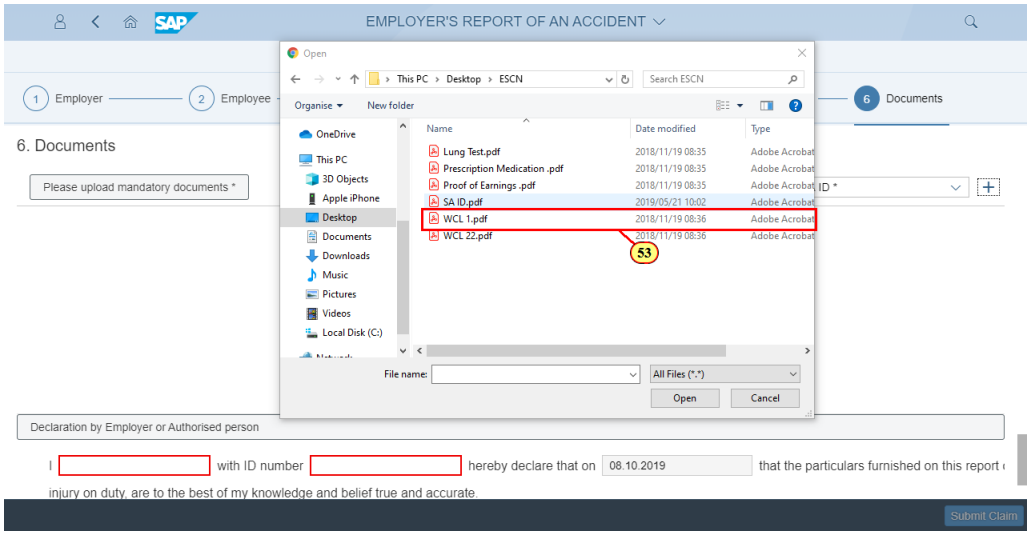
Step	Action
[51]	Click on the **Employer's Report of Occ. Disease WCL 1** Employer's Report of Occ. Disease WCL1 * option to select it.

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



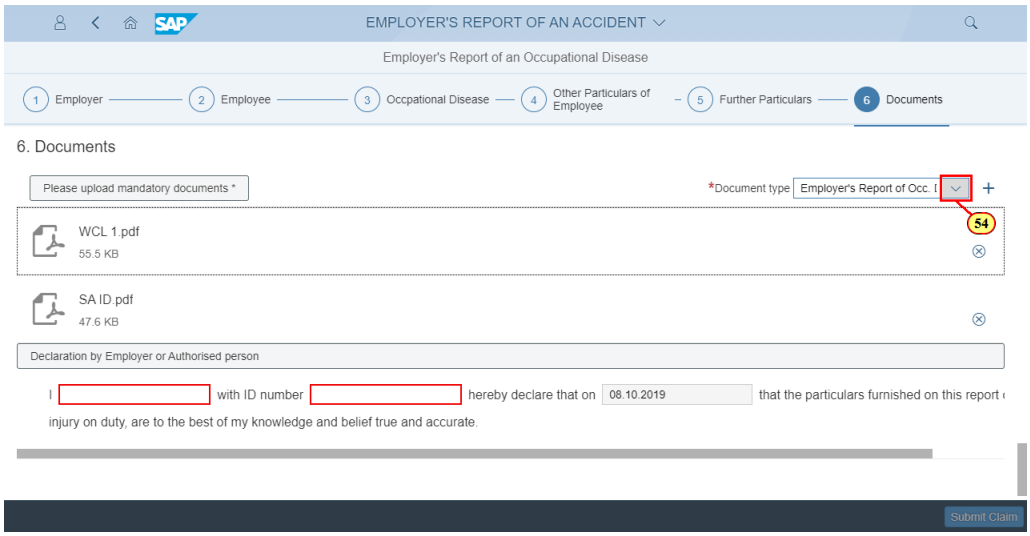
Step	Action
[52]	Click the **Add** + button to upload a document.

1.1.53. Open



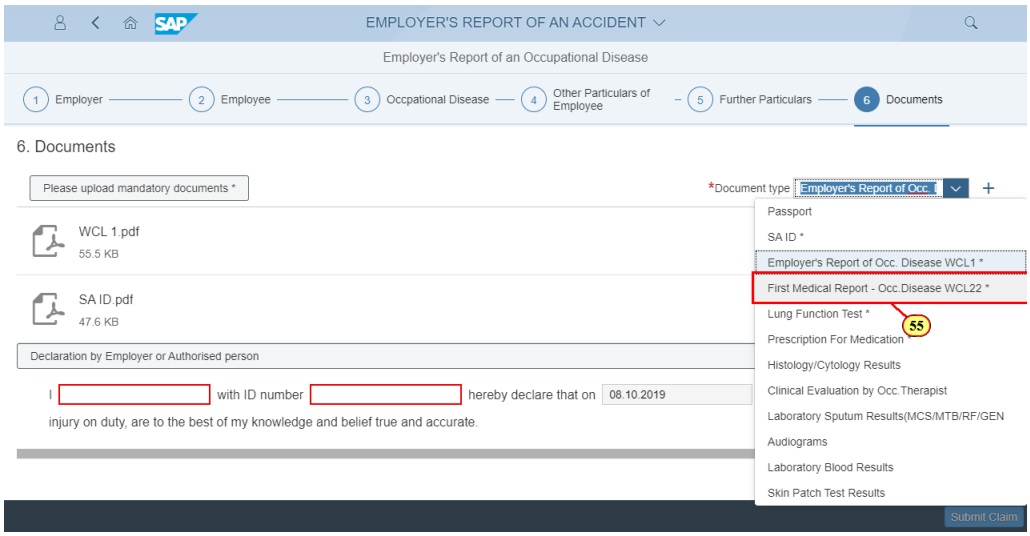
Step	Action
[53]	Double click on the **WCL 1.pdf** WCL 1.pdf option to select it.

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



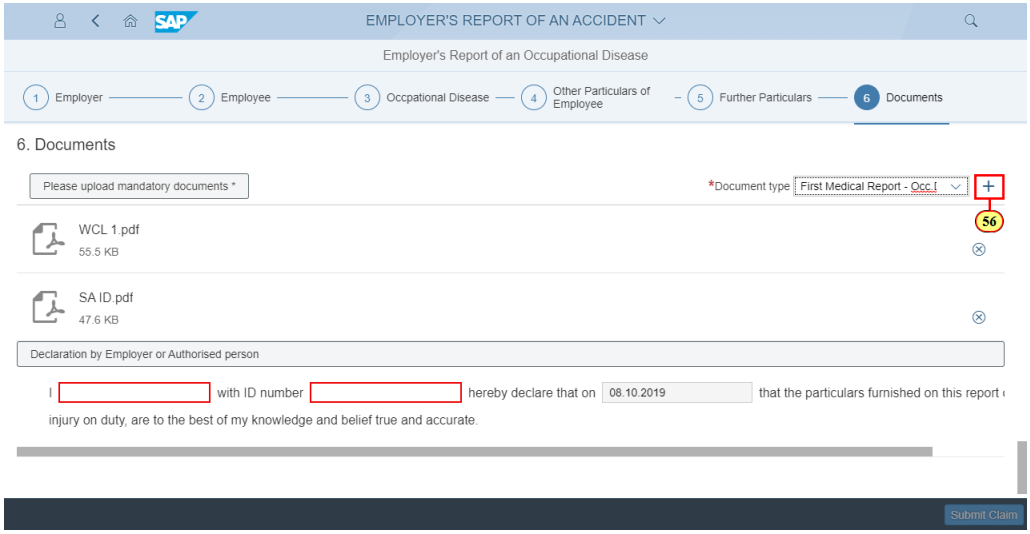
Step	Action
[54]	Click the **Document type** **drop down option** button to display the available list.

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



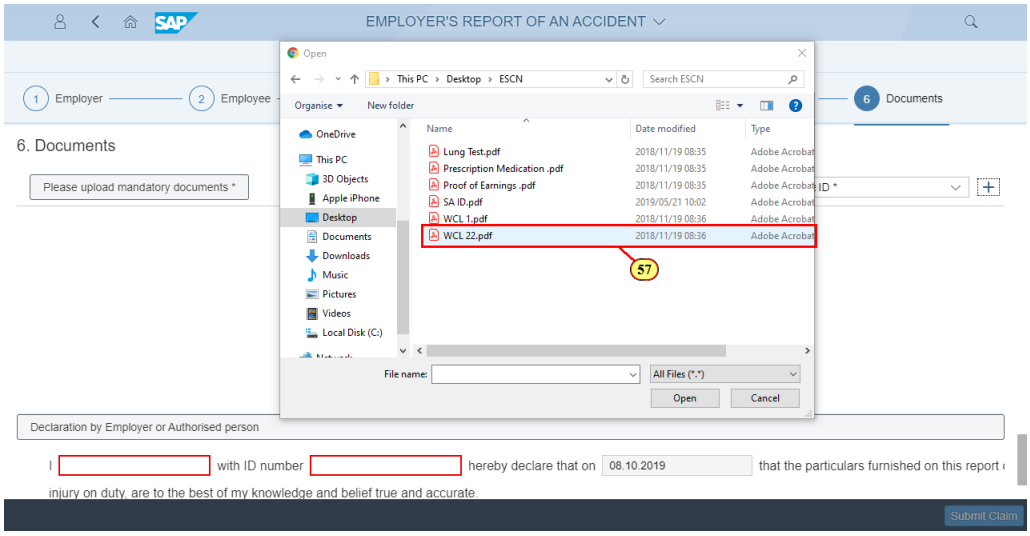
Step	Action
[55]	Click on the **First Medical Report - Occ. Disease WCL22** First Medical Report - Occ.Disease WCL22 option to select it.

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



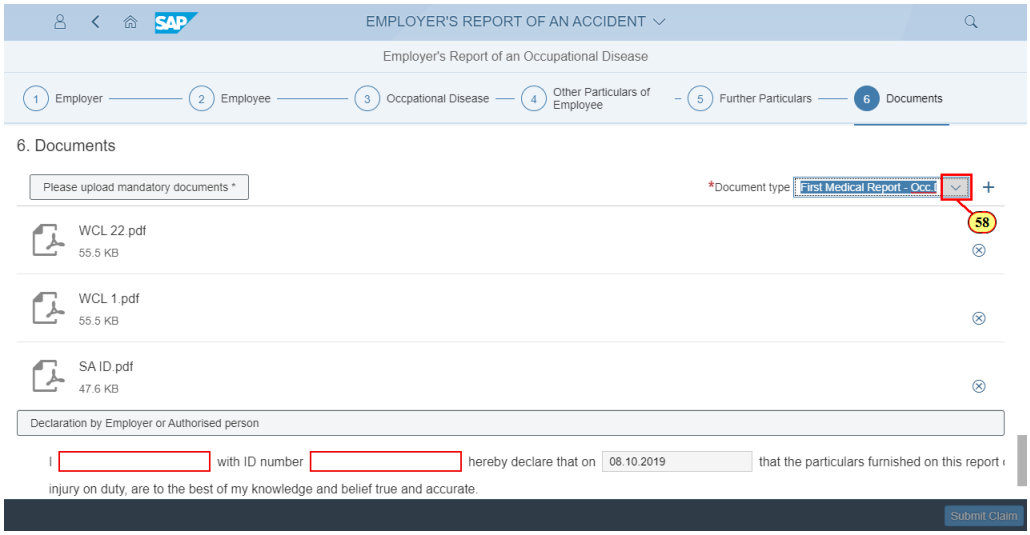
Step	Action
[56]	Click the **Add** + button to upload a document.

1.1.57. Open



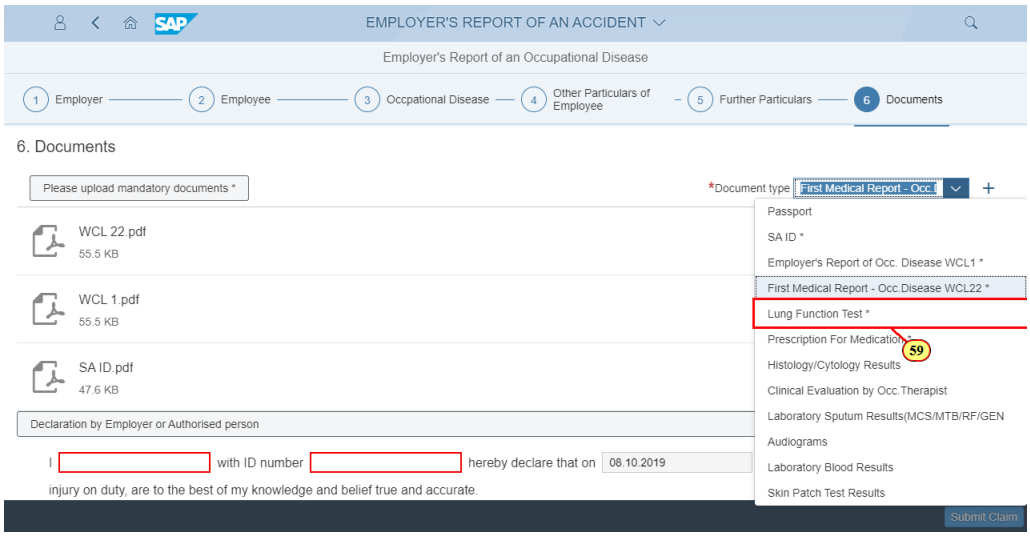
Step	Action
[57]	Double click on the **WCL 22.pdf** WCL 22.pdf file to select it.

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



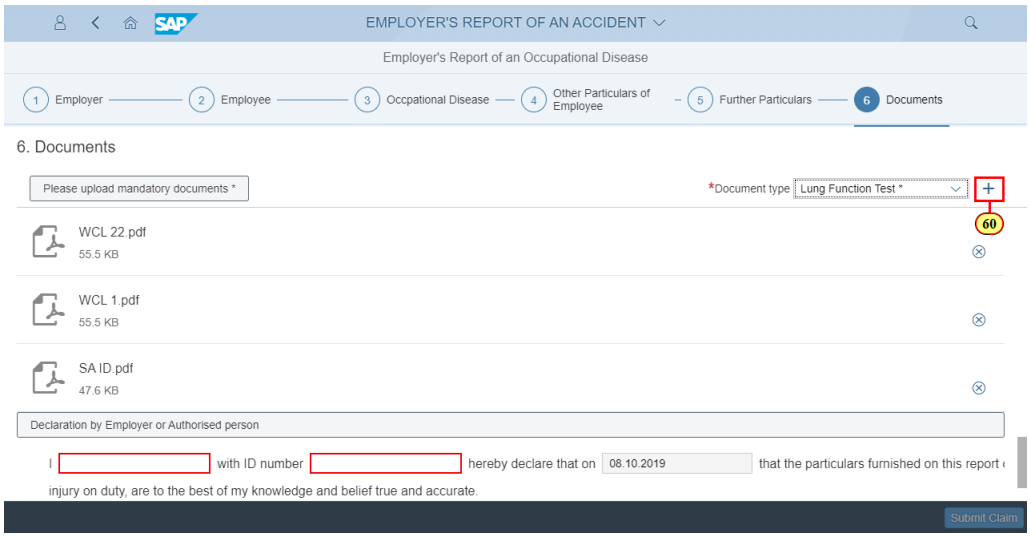
Step	Action
[58]	Click the **Document type** **drop down option** button to display the available list.

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



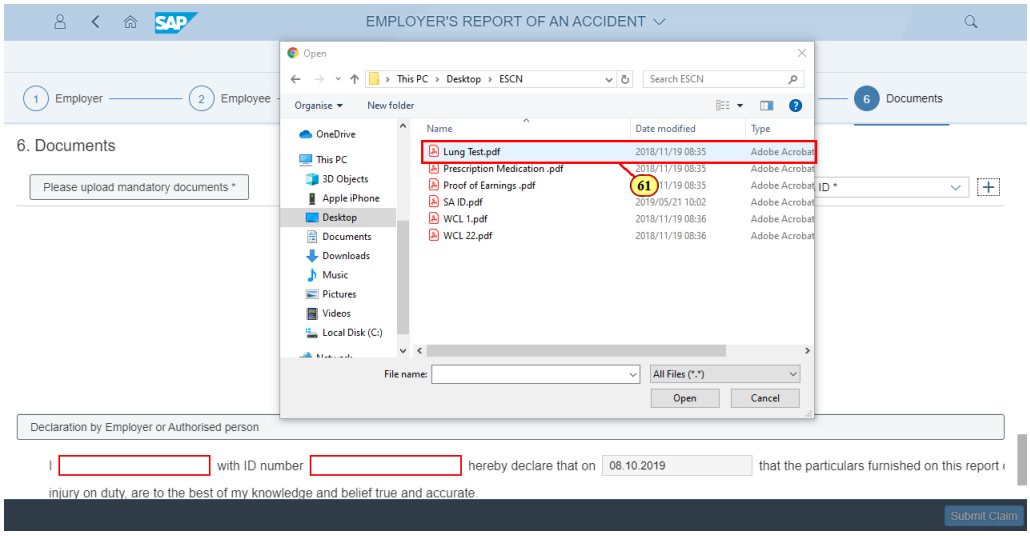
Step	Action
[59]	Click on the **Lung Function Test** Lung Function Test * option to select it.

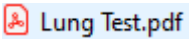
1.1.60. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



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

1.1.61. Open

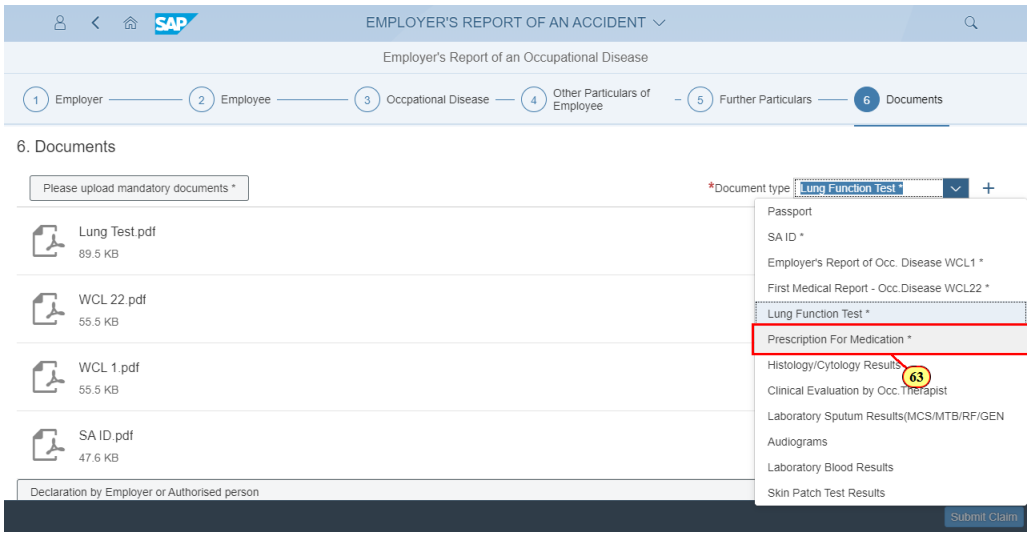


Step	Action
[61]	Double click on the **Lung Test.pdf**  file to select it.

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

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

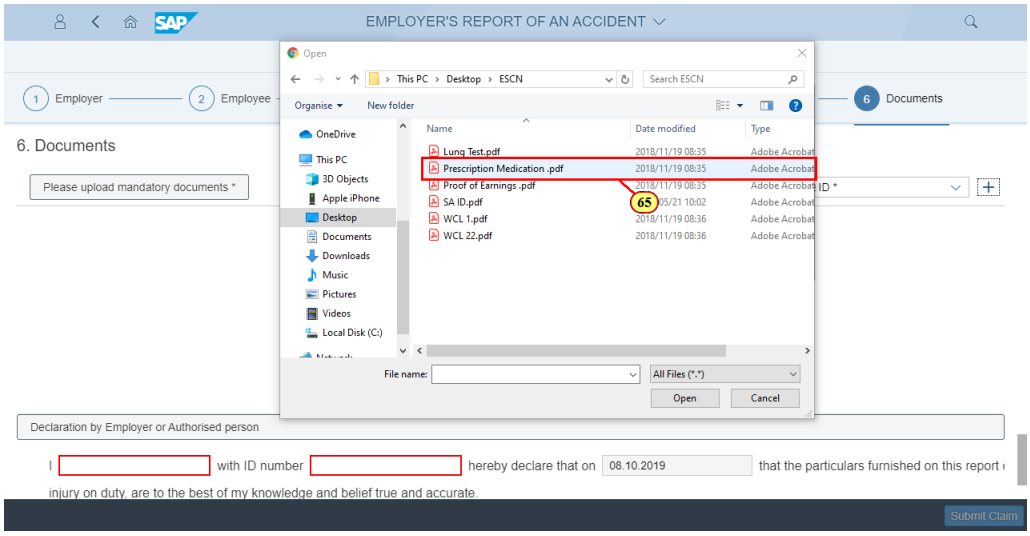


Step	Action
[63]	Click on the **Prescription for Medication** Prescription For Medication option to select it.

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

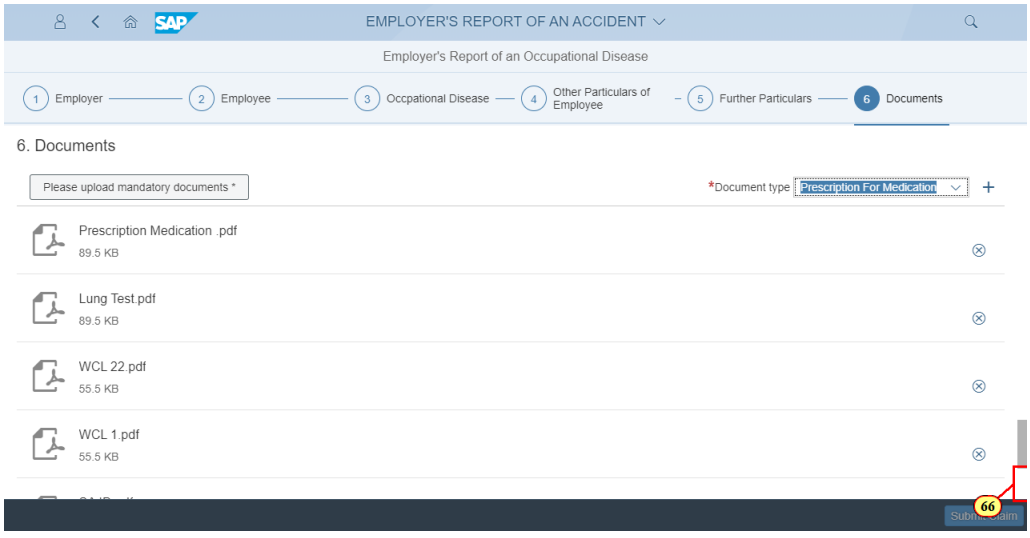
Step	Action
[64]	Click the **Add** + button to upload a document.

1.1.65. Open



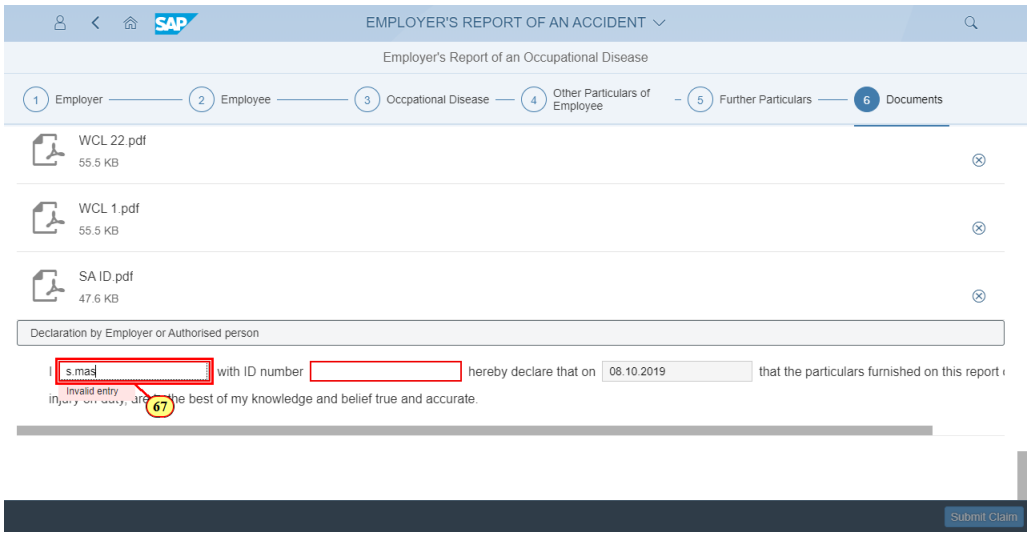
Step	Action
[65]	Double click on the **Prescription Medication.pdf** Prescription Medication .pdf file to select it.

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



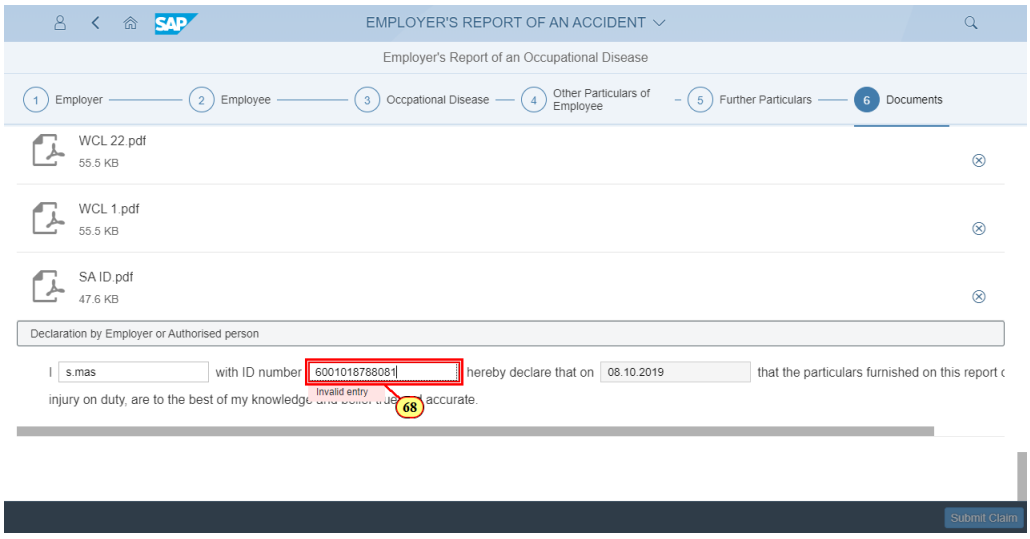
Step	Action
[66]	Click in the **area below the scroll bar** to scroll down.

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



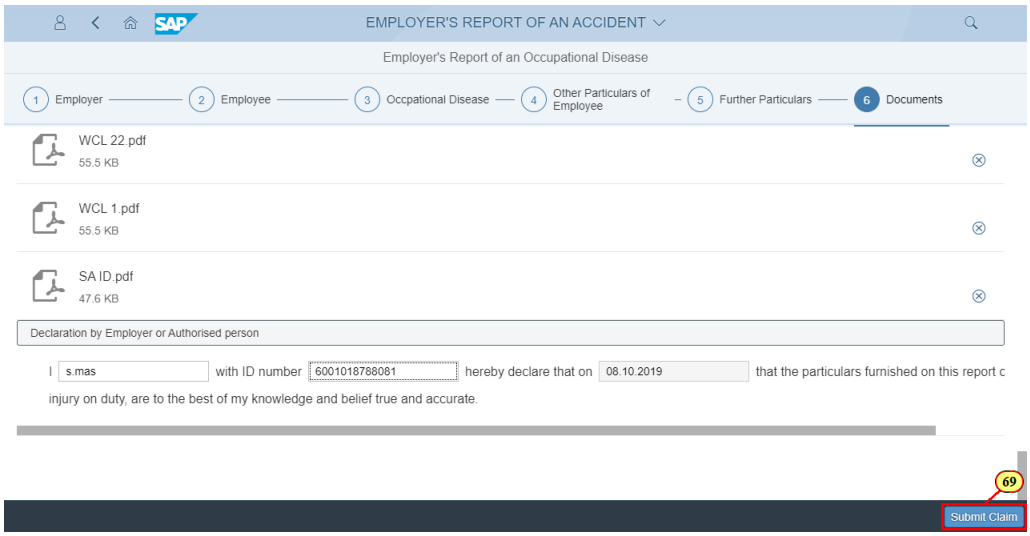
Step	Action
[67]	Enter **s.mas** in the **I** field.

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



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

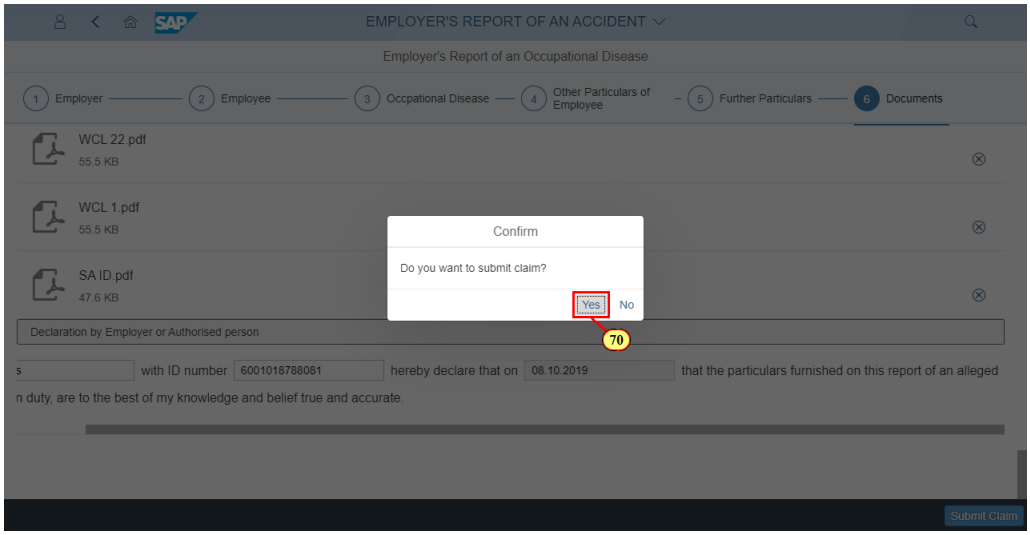
1.1.69. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



	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.

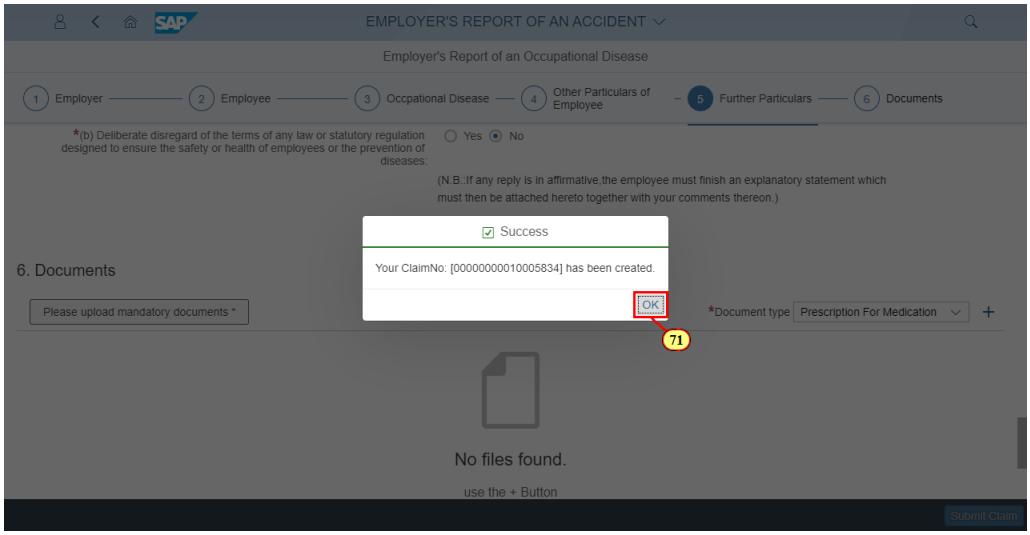
1.1.70. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



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

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

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



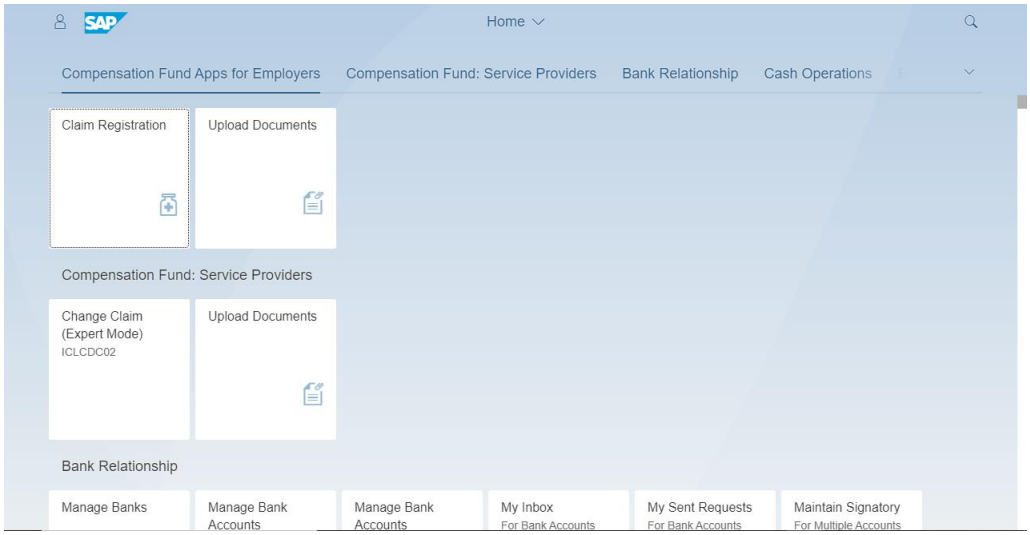
	Please take note of the message displayed in the pop-up window indicating the claim number.

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

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

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

1.1.73. Home - Google Chrome



	Well done! You have successfully completed lodging a claim.