



## 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.

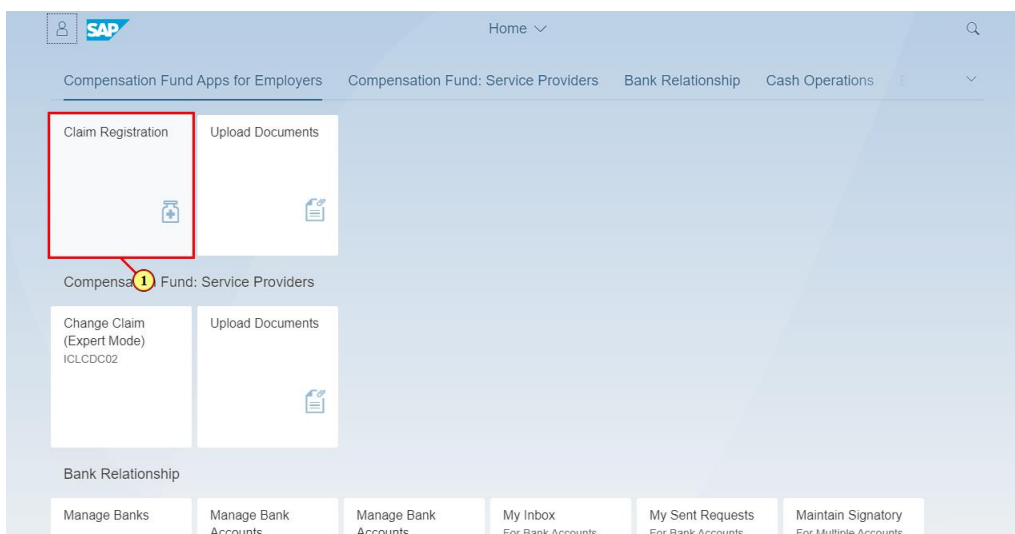
For exclusions please refer to the act.

### 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

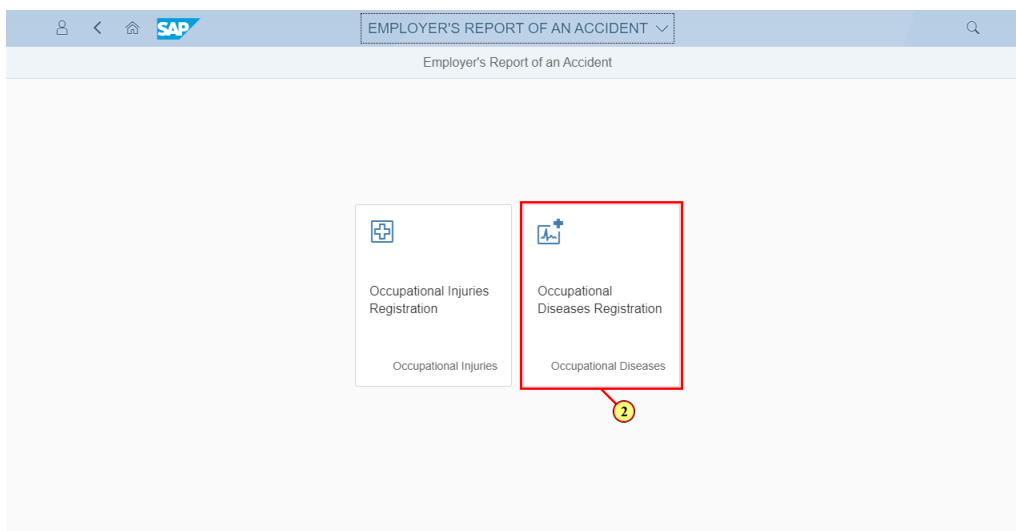
### 1.1.1. Home - Google Chrome






Step	Action
[1]	Click on the <b>Claim Registration</b> <b>Claim Registration</b> tile 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 Diseases Registration</b> <b>Occupational Diseases 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.

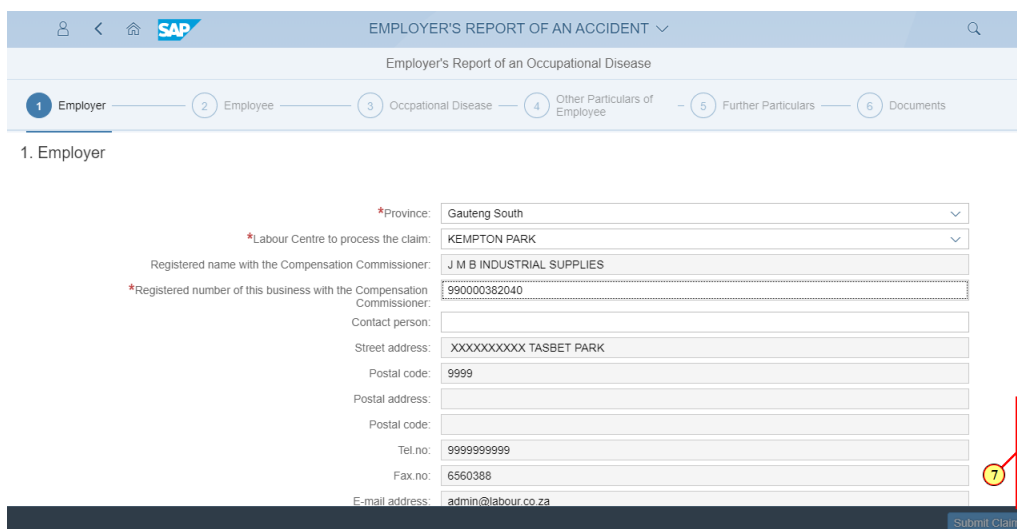
### 1.1.6. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



	<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 entered, the employer information will be populated in the fields below.</p> <p>If the employer contract number does not exist please contact <b>Customer Services</b> 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

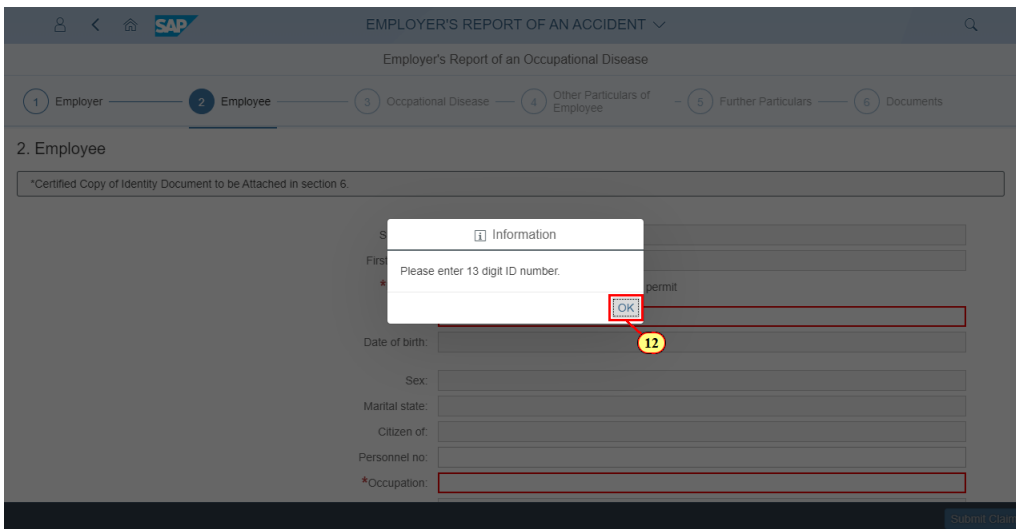
 Based on the type of identity document that the employee has, the user can select the relevant Radio button.


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



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

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



Step	Action
[12]	Click the <b>OK</b>  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 <b>7104165167084</b> in the <b>ID No.</b> field.



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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

1 Employer — 2 Employee — 3 Occupational Disease — 4 Other Particulars of Employee — 5 Further Particulars — 6 Documents

2. Employee

\*Certified Copy of Identity Document to be Attached in section 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: \_\_\_\_\_

\*Occupation: \_\_\_\_\_

Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

1 Employer — 2 Employee — 3 Occupational Disease — 4 Other Particulars of Employee — 5 Further Particulars — 6 Documents

ID No.: 7104165167084

Date of birth: 16.04.1971

Sex: Male

Marital state: Single

Citizen of: South African

Personnel no: \_\_\_\_\_

\*Occupation: Driver

Street address: Driver

Postal code: 9459

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

\*Is the injured person a: \_\_\_\_\_

Submit Claim


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



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

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

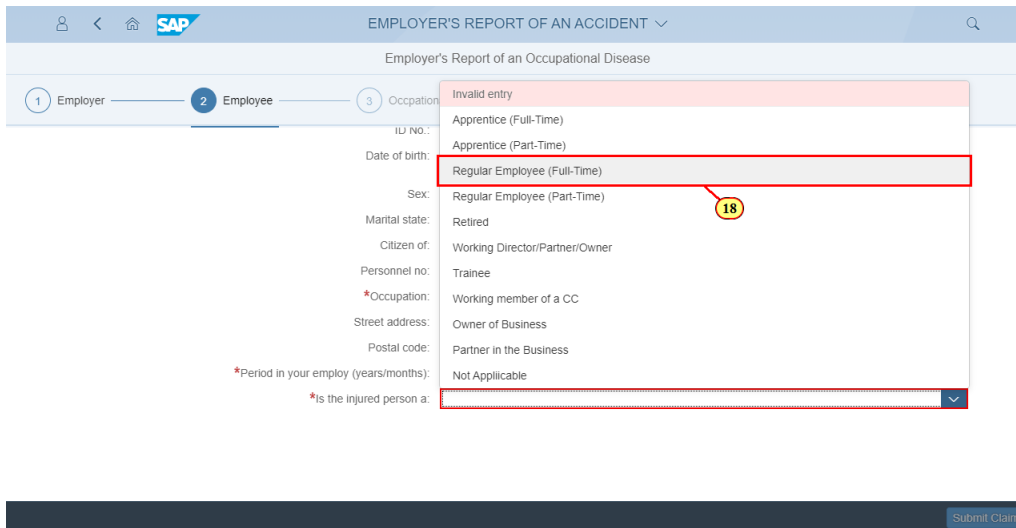
### 1.1.17. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

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



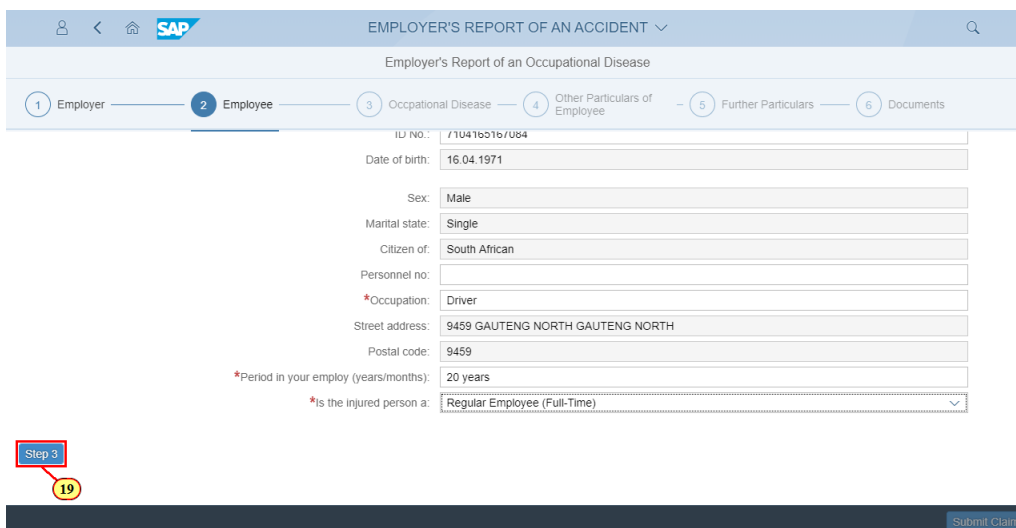
Step	Action
[17]	Click the <b>Is the injured person a</b>  <b>drop down option</b> button to display the available list.

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




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

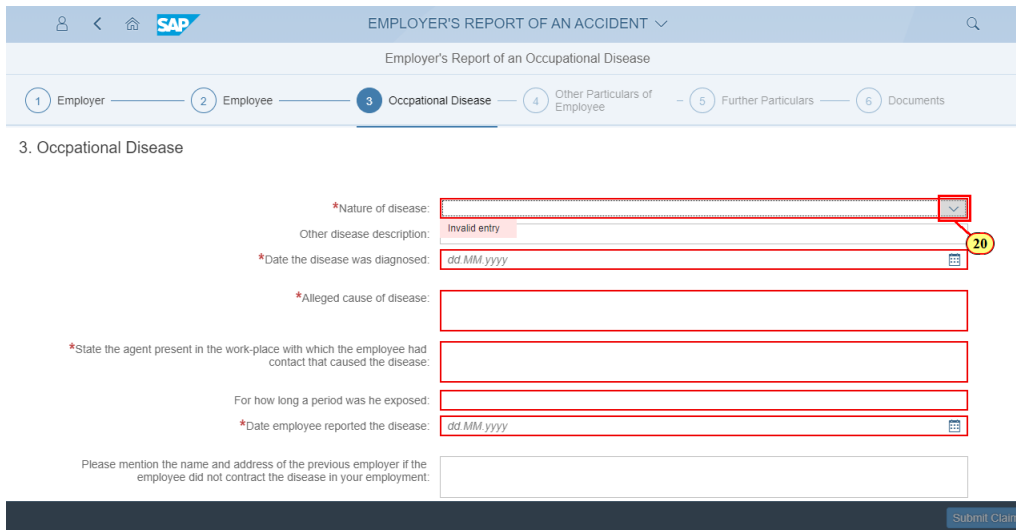
### 1.1.19. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome





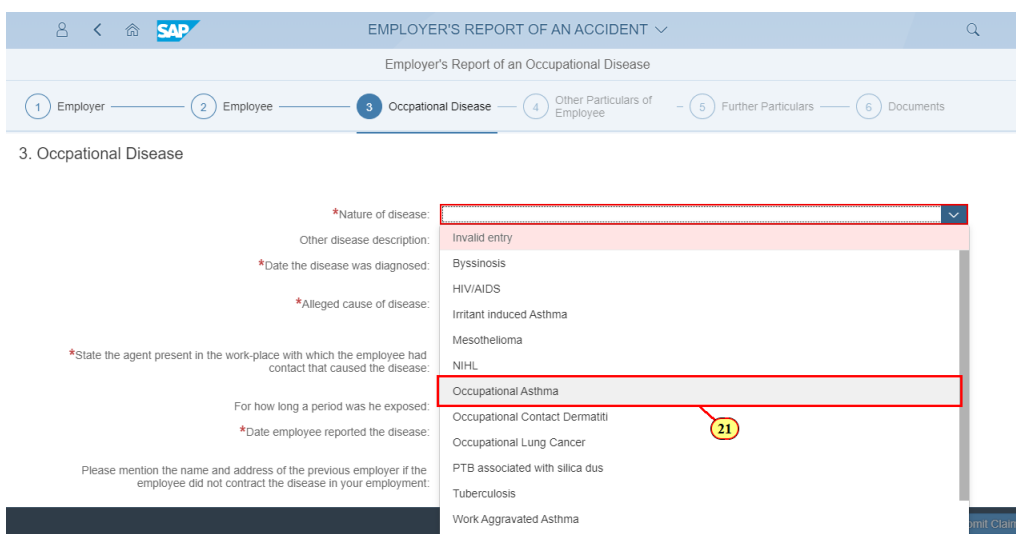
Step	Action
[19]	Click the <b>Step 3</b>  button to display the next task.

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



Step	Action
[20]	Click the <b>Nature of Injury</b>  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 <b>Occupational Asthma</b> <b>Occupational Asthma</b> option to select it.

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

Step	Action
[22]	Enter <b>02.06.2019</b> in the <b>Date the disease was diagnosed</b> field.

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

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

1 Employer — 2 Employee — 3 Occupational Disease — 4 Other Particulars of Employee — 5 Further Particulars — 6 Documents

3. Occupational 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:

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:

Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

1 Employer — 2 Employee — 3 Occupational Disease — 4 Other Particulars of Employee — 5 Further Particulars — 6 Documents

3. Occupational 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: Chloro 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:

Submit Claim



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

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

Step	Action
[26]	Enter <b>02.02.2019</b> in the <b>Date employee reported the disease</b> field.

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

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

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

Step	Action
[28]	Click the <b>Step 4</b> button to display the next task.

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



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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

1 Employer — 2 Employee — 3 Occupational Disease — 4 Other Particulars of Employee — 5 Further Particulars — 6 Documents

4. Other Particulars of Employee

Earnings of employee at the time of the diagnosis of the disease. \*Attach copy 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):  R/Month

Allowances of a recurrent nature: Bonuses (i.e. 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

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
[30]	Enter <b>14000</b> in the <b>Gross cash earnings</b> field.

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

1 Employer — 2 Employee — 3 Occupational Disease — 4 Other Particulars of Employee — 5 Further Particulars — 6 Documents

4. Other Particulars of Employee

Earnings of employee at the time of the diagnosis of the disease. \*Attach copy 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):  R/Month

Allowances of a recurrent nature: Bonuses (i.e. 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

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
[31]	Enter <b>12000</b> in the <b>Allowance of a recurrent nature</b> field.

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

1 Employer — 2 Employee — 3 Occupational Disease — 4 Other Particulars of Employee — 5 Further Particulars — 6 Documents

4. Other Particulars of Employee

Earnings of employee at the time of the diagnosis of the disease. \*Attach copy 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):

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

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

Submit Claim

Step	Action
[32]	Enter <b>800</b> in the <b>Allowance of a recurrent nature: Other allowances</b> field.

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

1 Employer — 2 Employee — 3 Occupational Disease — 4 Other Particulars of Employee — 5 Further Particulars — 6 Documents

4. Other Particulars of Employee

Earnings of employee at the time of the diagnosis of the disease. \*Attach copy 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):

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

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

Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

1 Employer — 2 Employee — 3 Occupational Disease — 4 Other Particulars of Employee — 5 Further Particulars — 6 Documents

4. Other Particulars of Employee

Earnings of employee at the time of the diagnosis of the disease. \*Attach copy 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?  Yes  No

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

Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

1 Employer — 2 Employee — 3 Occupational Disease — 4 Other Particulars of Employee — 5 Further Particulars — 6 Documents

4. Other Particulars of Employee

Earnings of employee at the time of the diagnosis of the disease. \*Attach copy 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?  Yes  No

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

Submit Claim

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

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

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

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



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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

1 Employer 2 Employee 3 Occupational Disease 4 Other Particulars of Employee 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?  Yes  No

\*If you have 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: dd.MM.yyyy

Date on which the employee ceased work: dd.MM.yyyy 01.06.2019 38  
Date on which the employee resumed work: dd.MM.yyyy

"If the employee 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
[38]	Enter <b>01.06.2019</b> in the <b>For what payment period were such payments made? From</b> field.

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

1 Employer 2 Employee 3 Occupational Disease 4 Other Particulars of Employee 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?  Yes  No

\*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  
Date on which the employee resumed work: dd.MM.yyyy 01.09.2019 39

"If the employee 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
[39]	Enter <b>01.09.2019</b> in the <b>For what payment period were such payments made? To</b> field.

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

Step	Action
[40]	Enter <b>01.05.2019</b> in the <b>Date on which the employee ceased work</b> field.

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



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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

1 Employer 2 Employee 3 Occupational Disease 4 Other Particulars of Employee 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:

Invalid entry

Was the disease caused by the employee's-:

\* (a) Deliberate non compliance of directions:  Yes  No

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.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
[42]	Enter n/a in the <b>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</b> field.

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

1 Employer 2 Employee 3 Occupational Disease 4 Other Particulars of Employee 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

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.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 <b>No</b> <input type="radio"/> radio button.

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

1 Employer 2 Employee 3 Occupational Disease 4 Other Particulars of Employee 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

If Yes, furnish 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
[44]	Click to select the <b>No</b> <input type="radio"/> radio button.

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

1 Employer 2 Employee 3 Occupational Disease 4 Other Particulars of Employee 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


If Yes, furnish 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.)

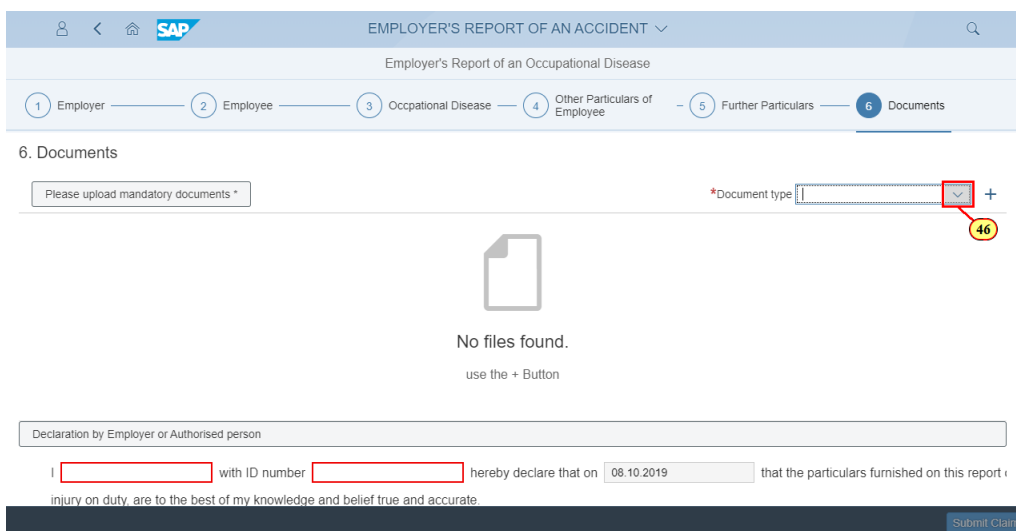
Step 6

Submit Claim



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

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



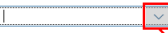
EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

1 Employer — 2 Employee — 3 Occupational Disease — 4 Other Particulars of Employee — 5 Further Particulars — 6 Documents

6. 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  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 <b>Document type</b>  <b>drop down option</b> button to display the available list.



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

The screenshot shows the 'EMPLOYER'S REPORT OF AN ACCIDENT' form in SAP. The 'Documents' step is selected. A dropdown menu for '\*Document type' is open, with 'SA ID \*' highlighted in red. A yellow circle with the number 47 is next to 'First Medical Report - Occ. Disease WCL22 \*'. The form includes a declaration field: 'I [red box] with ID number [red box] hereby declare that on 08.10.2019 injury on duty are to the best of my knowledge and belief true and accurate'. A 'Submit Claim' button is at the bottom right.

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

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

The screenshot shows the 'EMPLOYER'S REPORT OF AN ACCIDENT' form in SAP. The 'Documents' step is selected. The '\*Document type' dropdown is set to 'SA ID \*'. A red box highlights the '+' button next to the dropdown, with a yellow circle containing the number 48. The form includes a declaration field: 'I [red box] with ID number [red box] 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'. A 'Submit Claim' button is at the bottom right.

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



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

EMPLOYER'S REPORT OF AN ACCIDENT


6. Documents

Please upload mandatory documents \*

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

Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

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 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
[50]	Click the <b>Document type</b>  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 <b>Employer's Report of Occ. Disease WCL 1</b> <b>Employer's Report of Occ. Disease WCL1 *</b> option to select it.

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

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



### 1.1.53. Open

Step	Action
[53]	Double click on the <b>WCL 1.pdf</b>  <b>WCL 1.pdf</b> option to select it.

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

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



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


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

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


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



### 1.1.57. Open

Step	Action
[57]	Double click on the <b>WCL 22.pdf</b>  <b>WCL 22.pdf</b> file to select it.

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

Step	Action
[58]	Click the <b>Document type</b>  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 <b>Lung Function Test</b> 'Lung Function Test' option to select it.

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

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



### 1.1.61. Open

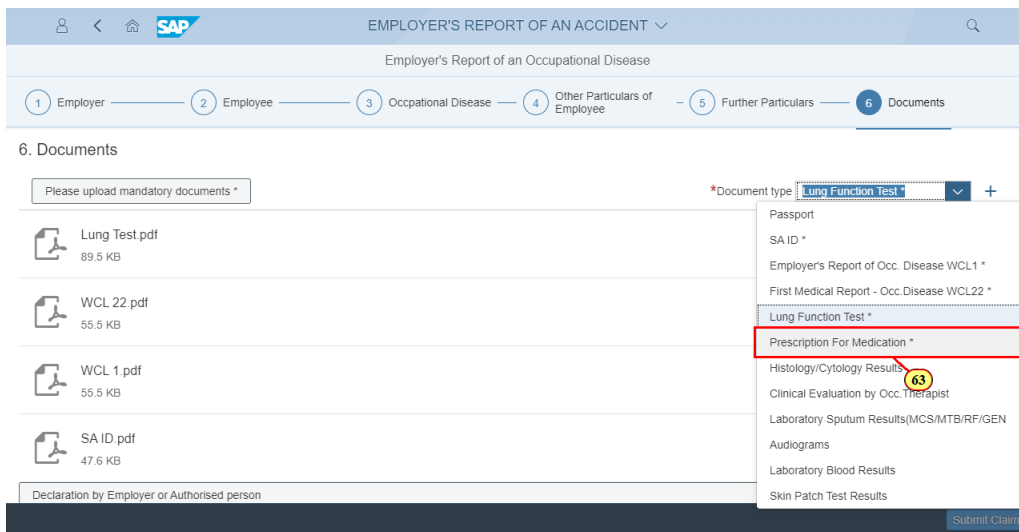
Step	Action
[61]	Double click on the <b>Lung Test.pdf</b>  <b>Lung Test.pdf</b> file to select it.

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

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



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



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


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



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



### 1.1.65. Open

Step	Action
[65]	Double click on the <b>Prescription Medication.pdf</b>  <b>Prescription Medication .pdf</b> file to select it.

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

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



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


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


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

Step	Action
[68]	Enter <b>6001018788084</b> 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 <b>Submit Claim</b>  button to submit the claim.

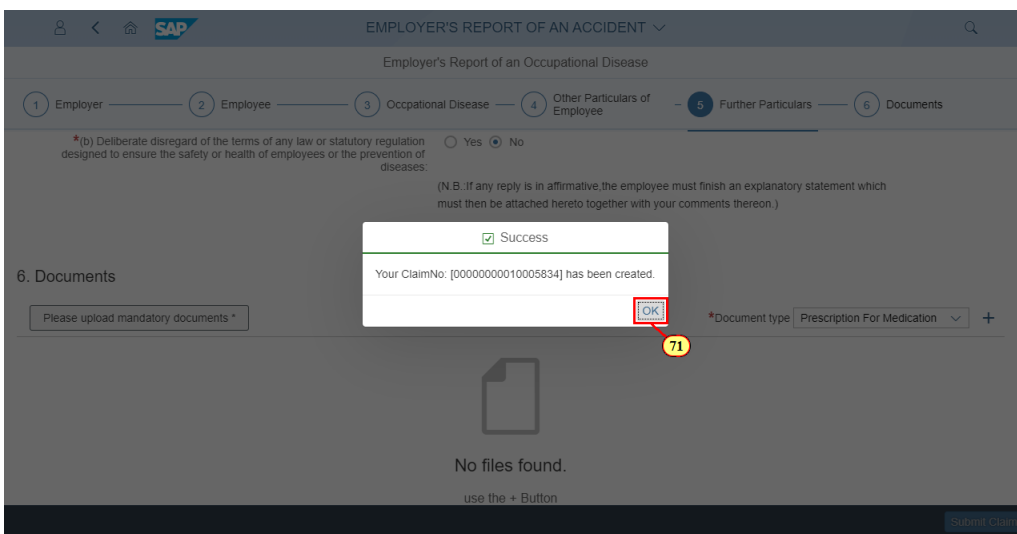
### 1.1.70. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome





	Please take note of the <b>Confirm</b> message displayed in the pop-up window.
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Step	Action
[70]	Click the <b>Yes</b>  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.
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Step	Action
[71]	Click the <b>OK</b>  button to acknowledge the message.



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

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

### 1.1.73. Home - Google Chrome

	Well done! You have successfully completed lodging a claim.
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