

# 1.1. Notice of Accident by MSP (Edited)

#### Purpose

The purpose of this transaction is to capture a Notice of Accident by Medical Service Provider (MSP).

#### **Business Scenario**

In this scenario a Medical Service Provider capture the Notice of Accident using the CompEasy system.

#### Prerequisites

The following prerequisites are applicable when processing this transaction:
Access to <a href="https://compEasy.labour.gov.za">https://compEasy.labour.gov.za</a> website.

#### 1.1.1. Logon - Google Chrome



Step	Action
[1]	Enter <b>6608768011350</b> in the <b>User</b> field.







#### 1.1.2. Logon - Google Chrome



Step	Action
[2]	Enter in the <b>Password</b> field.

#### 1.1.3. Logon - Google Chrome



Step	Action		
[3]	Click the	Log On	button.
	COID COMPENSATION MADE EASY USE	r 2	



# 1.1.4. Home - Google Chrome

A CompEasy				Home	• ~		٩
Medical Services.	Document Manageme	ent System					
Submit Medical Report	Submit Pre- Authorisation Request	Invoice Submission Request	View Invoices Display	Display Claim Status (Customer View)	Manage Organisation Authorisation	MSP Notice of Incident	
Document Managem	ient System						
SAP ArchiveLink: Store documents OAWD	Document Viewer SDV						

Step	Action		
[4]		MSP Notice of Incident	
	Click the		tile.







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

A < A ≩ CompEasy	EMPLOYER'S REPORT OF AN ACCIDENT	q
	MSP Notice of Incident	
	° <b>+</b>	
	Business Partner: 200	
	NEWNORCE DISCUSSION	
	Employer	
	1. Employer	
	*Registered Number: Find Contract Number	
	Business Partner:	
	Street address	
	Postal code:	
	Postal address:	
	Postal code:	
	TeLno	
	Fax.no:	
	E-mail address:	
	*Province:	
	*Labour Centre to process the claim:	



Step	Action
[5]	Click the <b>Registered Number</b> Possible entry button to search for the required value.







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

S CompEasy		
	MSP Notice of Incident	
0*	Employer	
ă.	Search	
Business Partne		
	ID or Name search	
	Identification Number: ID Search Name of organization: Name Search	Q
	( and the rest of <b>W</b> ate memory in the rest of the res	
Employe	Search terms	
	Search term 1: Search term 1	9
1. Employe	Search term 2: 990000551469	, p
	( <u></u>	how Advanced Search Co
	Partner Identification Number Search term 1 Search term 2	Name of organization
	200000 2003 : GENERA 999999999999	TRADE
	200000 2002 (G & SECU 99999999999	SECURITY SERVICES
	200000 1994 IEN CENTRE 99999999999	CENTRE CC
	200000 1995 IV SERVI 999999999999	
	20000 2000 TRADERS 99999999999	SERVICES PITELD
		PTYLTD
	[5/500]	
		Close



Search for the Employer using Contract Account Number or Name.

Step	Action
[6]	Enter <b>990000550000</b> in the <b>Search term 2</b> field.







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

🐣 🤇 🏠 🎉 CompEasy			EMPLOYER'S REPOR	RT OF AN ACCIDENT $\vee$			٩
			MSP Note	ce of Incident			
	≙*						
	Business						
	0		Em	ployer			
		Search					
	1 Employer	ID or Name search	Northern 10 Grand		0		
	1. Employer	Identification	anization: ID Search		۹		
	s	Search terms				8	
		Sear	ch term 1: Search term 1 ch term 2: 990000550000		् ⊗ २		
					Show Advanced Search Go		
		Partner Identific	ation Number Search term	1 Search term 2	Name of organization		
	2	200 990000	55,0000: 2001	99000055,0000	METROPOLITAN		
			E-mar address.	7	Close		
		*Labour Centre to	*Province:			~	

Step	Action
[7]	Click the 990000550000 link.

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

	S REPORT OF AN ACCIDENT 9	4
	MSP Notice of Incident	
OBS CONTRACTOR CONTRAC		
NEW NOTICES		
Employer     2 Employee	3) First Medical Report — 4 Documents	
1. Employer		
*Registered Number:	990000550000! 27	
Business Partner:	2001	
Street address:	PO	
Postal code:	00	
Postal address:		
Postal code:		
TeLno:	999999999	
Fax.no:		
E-mail address:	N	
*Province:	¥	
"Labour Centre to process the dam."	(8)	
	•	







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

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

MSP	Notice of Incident	
<b>≙*</b>		
Business Partner: 200		
NEW NOTCE NOTCES		
Employer     (2) Employee	(3) First Medical Report (4) Documents	
1. Employer		
*Registered Number: Easte	m Cape	
Business Partner: Frees	tate	
Registered Name: Gaute	ng North	
Street address. Gauti	ing South	
Postal address: Limo		
Postal code: Mpur	ralanga	
TeLno: North	em Cape	
Fax.no: North	west	
E-mail address: West	rm Cape	
*Province:	¥	
*Labour Centre to process the claim:	×	

Step	Action		
[9]	Click the Registered Name Gauteng North option to select it.	stered Name Gauteng N	







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

ScompEasy	EMPLOYER'S REPORT OF AN ACCIDEM	п ~ q
	MSP Notice of Incident	
	Å <b>*</b>	
	Business Partner: 2000	
	NEW HORCE NOTCES	
	Employee     3) Final Medical Re	port (1) Documents
	1. Employer	
	*Registered Number: 990000550000!	6
	Business Partner: 2001	
	Registered Name: CITY	
	Street address: PO	
	Postal code: 00	
	Postal address:	
	Postal code:	
	TeLno: 9999999999	
	Fax.no:	
	E-mail address: N	
	*Province: Gauteng North	
	*Labour Centre to process the daim:	¥
		(10)
		<u> </u>

Step	Action
[10]	Click the <b>Labour Centre to process the claim</b> drop down option button to display the available list.

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

음 < 🏠 🄆 CompEasy	EMPLOYER	R'S REPORT OF AN ACCIDENT V	Q
		MSP Notice of Incident	
	<b>○</b> <sup>+</sup>		
	Business Partner: 2000		
	NEW NOTICES		
	Employer     2 Employee	3 Fint Medical Report — 4 Documents	
	1. Employer		
	*Resistered Number:	990000550000	
	Business Partner:	2001	
	Registered Name:		
	Street address:		
	Postal code:	0	
	Postal address:		
	Postal code:	Invalid entry	
	TeLno:	KRUGERSDORP	
	Fax.no:	MAMELODI	
	E-mail address:	PRETORIA (11)	
	*Province:	SOSHANGUVE	
	*Labour Centre to process the claim:		







Step	Action
[11]	Click the KRUGERSDORP option to select it.

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

A < c ≩CompEasy	EMPLOYER'S REPORT OF AN ACCIDENT V	Q
	MSP Notice of Incident	
	2*	
	Business Partner: 2001	
	NEW NOTICES	
	Employer	
	1. Employer	
	*Registered Number: 990000550000! 07	
	Business Partner: 200	
	Registered Name:	
	Street address:	
	Postal code:	
	Postal address:	
	Postal code:	
	TeLno: 999999999	
	Factor	
	*Province: Gauterg North	
	*Labour Centre to process the claim: KRUGERSDORM	
	Step 2 12	

Step	Action
[12]	Click the Step 2 button to continue.







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

A < m ≥ CompEasy	EMPLOYE	R'S REPORT OF AN ACCIDENT $\sim$	٩
		MSP Notice of Incident	
	NOTICES		
	(1) Employer 2) Employee	(3) First Medical Report (4) Documents	
	1. Employer		
	*Registered Number:	990000550000:	
	Business Partner:	2001	
	Registered Name:	e de la companya de l	
	Street address:		
	Postal code:	00	
	Postal address:		
	Postal code:		
	TeLno:	999999999	
	Fax.no:		
	E-mail address:	N	
	*Province:	Gauteng North V	
	*Labour Centre to process the claim:	KRUGERSDORP V	
	2. Employee		
	Please enter either the Employee SA ID No, or the Passport No, or the Work P and display the details. If the number was not found, the Employee detail field prolongs the Claim processing time.	smit No below and hit <5nter>. Please ensure the number is captured correctly. The system will search s will become active and allow capturing new Employee details. Note that New Employee creation	
	*ID Type:	Select ID Type South African ID Passport Work Permit	
		(13)	



Step	Action
[13]	Click the South African ID button.







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

<form></form>	≗ < ĉ ≩CompEasy	EMPLOYE	R'S REPORT OF AN ACCIDENT $\sim$	٩
<form></form>			MSP Notice of Incident	
• Inspire • Description     • Inspire • Description     • Inspire • Description     • Page and Regime • Description <th></th> <th>NEWNOTICE NOTICES</th> <th></th> <th></th>		NEWNOTICE NOTICES		
1. Employee     **egistered hum:   Bainess Perse:		1 Employer 2 Employee	G) First Medical Report (4) Documents	
***egistered Markets:       ©         Budress Partner:       ®         *Budress Partner:       N         *Budress Partner:       N         *Budress Partner:       ©         *Budress Partner:       RUGRESSDORP         *Budress Partner:       RUGRESDORP         *B		1. Employer		
Buleness Persere:         Buginess Persere:         Postal code:         Postal code:         Buginess Persere:         <		*Registered Number:	99000550000:	
Registrered Nome:       Image: Comparison of the comparison of		Business Partner:		
Street address:       0         Posts code:       0		Registered Name:		
Provide come of the state of th		Street address:		
Provid kiddress:       Provid kidress:       Provid kiddress:		Postal code:	00	
Protect local Tel.co. Bernale address: N Province: Central address: N Province: Central address: N Province: Central address: N Province: Central to process the dain REUGERSSOORP CENTRAL Province: Central to process the dain REUGERSSOORP CENTRAL Province: Central to process the dain REUGERSSOORP CENTRAL Province: Central dainy of the Province of the Morie Address Ad		Postal address:		
Thin:       0000000000         Facular       Facular         Facular       Facular         Facular       Facular         *Province:       Gazenerg North         **Labour Centre to process the daim:       RRUGBRSDORP         **Labour Centre to process the daim:       RRUGBRSDORP         Description       Category International States         **Labour Centre to process the daim:       RRUGBRSDORP         Originary Enders       Category International States         **D Type:       Category International States         **D Type:       Category Work Permit		Postal code:		
Eval address:     N     Eval address:     N     Scatterg North     Scatterg Northered North     Scatterg North     Scatter		TeLno:	9999999999	
E-mail address: N     Province: Gautering North     Province: Gautering North     *Labour Centre to process the dual     REUGERSDORP		Fax.no:	ī	
		E-mail address:	N	
		*Province:	Gauteng North V	
2. Employee Please erter either the Employee SA ID No, or the Passport No, or the Work Permit No below and hit «Enter». Please ensure the runnber is captured correctly. The system will search and digitaly the Clasm processing time.  *D Type: South Advices - Passport Work Permit.  14		*Labour Centre to process the claim:	KRUGERSDORP V	
2. Employee Please area either the Employee SAID No, or the Pasaport No, or the Work Permit No below and hit «Enter». Please ensure the number is captured correctly. The system will search and display the datalis. If the number was not found, the Employee datal fields will become active and allow capturing new Employee datals. Note that New Employee creation with processing time.  *D Type: South Alfrican. Pasaport Work Permit.				
Presse enter either the Employee 6A.D Mo, or the Viso's Permit No below and hk -5rten. Presse ensure the number is captured correctly. The pattern will exerch and diagkary the vestisk. If the number was not found, the Employee detail fields will become active and allow capturing new Employee details. Note thet New Employee creation prolongs the Claim processing time.  *D Type: South Addown Persport Werk Permit		2. Employee		14
*ID Type: South Altican Persport Work Permit		Please enter either the Employee SA ID No, or the Passport No, or the Work P and display the details. If the number was not found, the Employee detail field prolongs the Claim processing time.	fermit No below and hit «Enter». Please ensure the number is captured correctly. The system will search is will become active and allow capturing new Employee details. Note that New Employee creation	
		*ID Type:	South African Pessport Work Permit	

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

≗ < இ ≩CompEasy	EMPLOYE	: R'S REPORT OF AN ACCIDENT $\checkmark$	٩
		MSP Notice of Incident	
	Fax.no:		
	E-mail address:	N	
	*Province:	Gauteng North V	
	*Labour Centre to process the claim:	KRUGERSDORP V	
	2. Employee		
	Please enter either the Employee SA ID No, or the Passport No, or the Work F and display the details. If the number was not found, the Employee detail field prolongs the Claim processing time.	Permit No below and hit <enter>. Please ensure the number is captured correctly. The system will search is will become active and allow capturing new Employee details. Note that New Employee creation</enter>	
	*ID Type:	South African Passport Work Permit	
	*ID No.:	7512075062080	
	Surname:		
	First names:		
	Date of birth:		
	Sex:		
	Marital state:		
	Citizan of		
	CIDECITOR.		
	E-mail address:		
	Street address:		
	Postal code:		
	Postal address:		
	Postal code:		
	TeLno:		









MSP Capture Employee details.

Step	Action
[15]	Enter <b>7512075062080</b> in the <b>ID No.</b> field.

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

≗ < இ ≩CompEasy	EMPLOYE	: R'S REPORT OF AN ACCIDENT $\sim$	٩
		MSP Notice of Incident	
	Faxino:		
	E-mail address:	N	
	*Province:	Gauteng North V	
	*Labour Centre to process the claim:	KRUGERSDORP V	
	2. Employee		
	Please enter either the Employee SA ID No, or the Passport No, or the Work P and display the details. If the number was not found, the Employee detail field prolongs the Claim processing time.	Permit No below and hit <enter>. Please ensure the number is captured correctly. The system will search is will become active and allow capturing new Employee details. Note that New Employee creation</enter>	
	*ID Type:	South African Passport Work Permit	
	*ID No.:	7	
	Surname:	TI	
	First names:	EI	
	Date of birth:	01	
	Sex:	Male	1
	Marital State.	Single	
	Citizen of:		
	E mail address		
	E-mail duress.		
	Postal code:		k
	Postal address:		(16)
	Postal code:		
	TeLno:		

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







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

All Postice of Incident  Postal cool: Tel.no:	
Portal code: Tet.no:  3. First Medical Report  *Type of Report: *Type of	
3. First Medical Report         *Type of Report:         *Type:         *Type: <th></th>	
3. First Medical Report       *Type of Report:     *Type of Report:       *Date of formulation     dd AMM_yyyy       *Report Date:     dd AMM_yyyy       *Tome     dd AMM_yyyy       *Tome     dd AMM_yyyy       To     dd AMM_yyyy	
3. First Medical Report	
*Type of Report.     Farm Type:       *Date of torus:     ddAM(sysy)       *Report Date:     ddAM(sysy)       *Torus:     ddAM(sysy)       *Torus:     ddAM(sysy)       *Torus:     ddAM(sysy)       *Torus:     ddAM(sysy)	
*Type of Report         Farm Type:         ✓           *Date of loss:         dd MMA/yyy         E         Date of consultation         dd AMA/yyy         E           *Report Date:         dd AMA/yyy         E         To         Date of result to work:         dd AMA/yyy         E	
Pote of loss:     dd.MM(3yyy)     Dite of consultation     dd.MM(3yyy)	
*Report Date: did.MML/yyyy *Fram: did.MML/yyyy  To  did.MML/yyyy	
*From: dxLMMJyyyy   To   dxLMMJyyyy	
*ICDI: MIA.9M22.85587.3	
*Notes:	
First Medical Report	
Pre-existing diefect disease:	
X.Rays: dd MM(5);yy   Performed By:	
Surgical Procedures: dd/MM_yyyy 🛅 Performed By:	
Surgical Procedure:	
Anaesthetics: O General O Local Duration: - 0 +	
Refered for Physiotherapy: Physiotherapist:	



Step	Action
[17]	Click the <b>Type of Report</b> drop down option button to display the available list.







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

S < ⇔ ≩CompEasy	EMPLOYER'S REPORT O	F AN ACCIDENT ~	٩
	MSP Notice of	Incident	
	Postal code:		
	TeLno:		
3. First Medical Report			
*Tyr	e of Report:	Form Type:	
	Date of loss: Invalid entry	Date of consultation dd.MMJ.yyyy	
*	Report Date: First Medical Report*	Date of return to work: dd.MM.yyyy	
	*From: dd.MM.yyyy	To dd.MM.yyyy	
	*ICD10: M10.9/M22.35/		
	*Notes:		
First Medical Report			
Pre-existing det	ect disease:		
	X-Rays: dd.MM,yyyy   Performed By:		
Surgical	Procedures: dd.MM.39999  Performed By:	ē	
Surgica	I Procedure:		
A	naesthetics: 🔘 General 🔘 Local	Duration: 0 +	
Refered for Ph	ysiotherapy: Physiotherapist:	Б <sup>2</sup>	
Ut Date fr f	nitt for work:	Date fit for normal duty:	
Date in it	a ugʻir duty. Uutannin yyyy	Date in the Herman daty.	

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

Click the Type of Report First Medical Report\* option to select it.

MSP Notice of Incident Postal code: Tel.co
Petat code Tic.nc: 3. First Medical Report *Type of Report
Tel.nc         3. First Medical Report         **hype of Report         *hype of Report
3. First Medical Report  *Type of Report  *Type of Report  *Type of Report  *Type of Report  *Type *Ty
3. First Medical Report
S. First Medical Report  *Type of Report  *Type  *Type *Type  *Type  *Type *
*Type of Report:       Ferst Medical Report:       Form Type::       ✓         *Date of loss:       65.05.2021       Date of consultation       ddt.Mdt.yyyy       III         *Report Date:       #ddt.Mdt.yyyy       III       Date of return to work:       ddt.Mdt.yyyy       III         *Room:       #ddt.Mdt.yyyy       III       Date of return to work:       ddt.Mdt.yyyy       III         *Room:       #ddt.Mdt.yyyy       III       To       ddt.Mdt.yyyy       III         *Room:       #ddt.9022 25/967.3       IIII       IIII       IIIII       IIIIII         *Notes:       IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII
Trist Medical Report       First Medical Report
*Report Date:         #Report Date:         @dt.MM.5yyy         III         Date of return to work:         @dt.MM.5yyy         III           *From:         #Ldt.019/M222.35(307.3)         To         @dt.MM.5yyy         III         III           *Notes:
*From:         #St MMLyyyy         ID         To         det MMLyyyy         ID           *Cobit         Mat20 Mi22 35(567.3)         ID         ID         ID         ID           *Notes:         ID         ID         ID         ID         ID         ID         ID           *Notes:         ID
*ICDI0: ////////////////////////////////////
*Nores:
First Medical Recort
First Medical Report
rie extually grieric disease:
Surgia Teaching Strained By Terformed By T
Surgical Procedure:
Anesthetics: O General O Local Duration: - 0 +
Refered for Physiotherapy: Physiotherapist:
Unit for work:
Date fit for light duy: dd.MMJyyyy



[18]





Step	Action
[19]	Enter 05.05.2021 in the Date of loss field.

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

≗ < ⋒ <mark>≽CompEasy</mark>		EMPLOYER'S REPORT OF AN	ACCIDENT $\sim$	٩
		MSP Notice of Incid	ent	
		Postal code:		
		Tel.no:		
	2 First Medical Depart			
	3. First medical Report			
			5 mm 7 mm	
	* Type of Report: First Medica	. Report V	Porm type:	
	*Report Date: 06.05.2021		Date of return to work: dd/M/ yww III	
	*From: dd.MM.yyyy		To dd.MM.yyyy 🗒	
	*ICD10: M10.9/M22.	35/320		
	*Notes:			
	First Medical Report			
	Pre-existing defect disease:			
	X-Rays: dd.MM.yyyy	Performed By:		
	Surgical Procedures: aa.mm.yyyy	Performed By:	<b>D</b> <sup>2</sup>	
	Anaesthetics: General		Duration: - 0 +	
	Refered for Physiotherapy:	Physiotherapist:	5	
	Unfit for work:		5	
	Date fit for light duty: dd.MM.yyyy		Date fit for normal duty: dd.MM.yyyy	

Step	Action
[20]	Enter 06.05.2021 in the Report Date dd.MM.yyyy field.







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

	< ☆ ≩CompEasy		EMPLOYER'S REPORT OF	AN ACCIDENT $\sim$	٩
S. Fist Medical Report     **port of regist     **port of regist <th></th> <th></th> <th>MSP Notice of In</th> <th>cident</th> <th></th>			MSP Notice of In	cident	
Intre			Postal code:		
<pre>S. Fix Media Report ************************************</pre>			TeLno:		
<pre>S. First Medical Report</pre>					
*The relation report     ** The relation     ** The re		3 First Medical Report			
**pe of Report     **pe of Rep		5. This mealeat report			
Image: Image		Tune of Penort	Martical Panort	Form Type:	
*Report Date       00.65.2021       Date of returns towich       00.64.000000000000000000000000000000000		*Date of loss: 05.0	5.2021	Date of consultation dd.MM.yyyy III	
*Ince     *Octo		*Report Date: 06.0	5.2021	Date of return to work: dd.MM.yyyy	
**.CD2       **.CD2         *totes:       1         *totes:       1         *totes:       1         First Medical Report		*From: 06.0	5.2021	To dd.MM.yyyy	
Note:		*ICD10: M10	.9/M22.35/567.31		
First Medical Report  Pre-existing defect Slicese:  XRay:  XRay:  AndMyyy:  Performed By:  Surgical Procedure:  Ansestretic:  Concent		*Notes:			
First Medical Report         Pie-existing defect disese:         XRays:       ddMduyyy:         Surgical Pocochare:       ddMduyyy:         Surgical Pocochare:       ddMduyyy:         Garantee:       Image: Control of the state s					
Pre-existing defect disesse: X.Rays: dutMdyyyy Performed By: Surgical Procedure: Augustal Procedure: Control Control Duration: Referred for Physiotherapis: Unit for work: Date fit for light day; dutMdyyyy Defect for formal day: dutMdyyyy Defect for formal day: dutMdyyy Defect for formal day: dutMdyy Defect for formal day: dutMdy Defect formal da		First Medical Report			
X.Rays: dd/Md/yyy   Performed By:   Surgical Procedure:   dd/Md/yyy   Performed By:   Surgical Procedure:   Ansetstretics:   General   Duration:   -   Unit for work:   Date fit for light duy:   dd/Md/yyyy   Date fit for light duy:		Pre-existing defect disease:			
Surgical Procedures: Surgical Procedure: Surgical Procedure: Assessments: Assessments: Centreal Coal Duration: Physiotherapia: Date fit for light dup: dot/Mf1/yyyy  Date fit for normal dup: dot/Mf1/yyy  Date fit for normal d		X-Rays; dd.h	M.yyyy 🛱 Performed By:		
Surgical Procedure:		Surgical Procedures: dd.h	Myyyy  Performed By:	6	
Avaesthetis:     Ceneral     Duration:     -     0       Referest Or Physicitherapis:     Physicitherapis:     -       Unified row to:     -       Dete fit for light duy:     dd/Md/yyyy     I		Surgical Procedure:			
Refered for Physicitherapic:		Anaesthetics: 🔘 C	Seneral 🔿 Local	Duration: - 0 +	
Unfit for work:		Refered for Physiotherapy:	Physiotherapist:	6 <sup>1</sup>	
Deter fit for light dury: dd/AMUyyyy 🗃 Deter fit for normal dury: dd/AMUyyyy 🛅		Unfit for work:			
		Date fit for light duty: dd.h	Mayyyy 🖽	Date fit for normal duty: dd.MM.yyyy	

Step	Action
[21]	Enter 06.05.2021 in the From dd.MM.yyyy field.

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

≗ < ි ≩CompEasy	EMPLOYER'S REPORT OF AN ACCIDENT $\sim$	٩
	MSP Notice of Incident	
	Postal code:	
	TeLno:	
	3 First Medical Report	
	*Type of Report: First Medical Report V Form Type:	
	*Date of loss: 05.05.2021  Date of consultation  dd.MM.yyyy	_
	*Report Date: 06.05.2021   Date of return to work: dd.MM.yyyy	2)
	*From: 06.05.2021	
	*(CD10: wall a endy 5/567.3)	
	*Notes:	
	First Medical Report	
	Pre-existing defect disease:	
	X-Rays: dd.MM.yyyy   Performed By:	
	Surgical Procedures: dd.MMJ,yyyy   Performed By:	
	Surgical Procedure:	
	Anaesthetics: General Local Duration: - 0 +	
	Refered for Physiotherapy: Physiotherapist:	
	Date fit for light duty: ad.nml.yyyy Es Date fit for normal duty. ad.nml.yyyy Es	







Step	Action
[22]	Click the <b>Form Type </b> drop down option button to display the available list.

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

😤 🤇 🏠 🄀 CompEasy		EMPLOYER'S REPORT OF AN	I ACCIDENT $\sim$	٩
		MSP Notice of Incid	lent	
		Postal code:		
		Tel.no:		
	2 First Medical Depart			
	5. First Medical Report			
	*Type of Report:	First Medical Report V	Form Type:	
	*Date of loss: C	05.05.2021 [13]	Date of return to work: WCL1 Employer's Notice of Occupational Disease	
	*From:	06.05.2021	To WCL2 Employer's Notice of Occupational Accident	
	*ICD10:	M10.9[M22.35[S67.3]		
	*Notes:		23	
	First Medical Report			
	Pre-existing defect disease:			
	X-Rays: d	dd.MM.yyyy   Performed By:	đ	
	Surgical Procedures:	dd.MM.yyyy 🛅 Performed By:	d'	
	Surgical Procedure:			
	Anaesthetics: (	General CLocal	Duration: 0 +	
	Refered for Physiotherapy:	Physiotherapist:	a di seconda di second	
	Unfit for work:	]		
	Date fit for light duty:	dd.MM.yyyy 🖽	Date fit for normal duty: dd.MM.yyyy	

Step	Action		
[23]	Click the Form Type select it.	WCL2 Employer's Notice of Occupational Accident	possible entries option to







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

	MSP Notice of Inci	lent	
	Postal code: TeLno:		
3. First Medical Report			
*Type of Report: *Date of loss: *Report Date:	First Medical Report         V           05.05.2021         Image: Compare the second sec	Form Type: WCL2 Employer's N V Date of consultation 06.05.2021	
*From: *ICD10: *Notes:	06.05.2021 M10.9JM22.35J567.3J		
First Medical Report			
Pre-existing defect disease: X-Rays: Surgical Procedures:	dd.MM33939     Performed By:       dd.MM33939     Performed By:	6	
Surgical Procedure: Anaesthetics:	General CLocal	Duration: 0 +	
Refered for Physiotherapy: Unfit for work: Date fit for light duty:	Physiotherapist:      dd.MM.yyyy	Date fit for normal duty: ddLMM/yyyy/	

Step	Action
[24]	Enter 06.05.2021 in the Date of loss dd.MM.yyyy field.

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

	EMPLOY	ER'S REPORT OF AN ACCIDENT $\vee$		٩
		MSP Notice of Incident		
	Postal code:			
	TeLno:			
3 First Medical R	enort			
3. This medication	eport			
	Tune of Deport: Eint Medical Penort	Form Type:	WCI 2 Employer's h	
	*Date of loss: 05.05.2021	Date of consultation	06.05.2021	
	*Report Date: 06.05.2021	Date of return to work:	30.05.2021	
	*From: 06.05.2021 🗰	То	dd.MM.yyyy	
	*ICD10: M10.9/M22.35/S67.3/		25	
	*Notes:			
First Medical R	eport			
	- p - · ·			
	X-Rays: dd.MM.yvvv III	Performed By:		
	Surgical Procedures: dd.MM.yyyy	Performed By:		
	Surgical Procedure:			
	Anaesthetics: $\bigcirc$ General $\bigcirc$ Local	Duration:	-	
R	efered for Physiotherapy:	Physiotherapist:		
	Unfit for work:			
	Date fit for light duty: dd.MM.yyyy	Date fit for normal duty:	dd.MM.yyyy 🛅	







Step	Action
[25]	Enter <b>30.05.2021</b> in the <b>Report Date dd.MM.yyyy</b> field.

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

ScompEasy	EMPLOYER'S REPORT OF AN ACCIDENT $\sim$	٩
	MSP Notice of Incident	
	Postal code:	
	Telno:	
	3. First Medical Report	
	*Type of Report: First Medical Report V Form Type: WCL2 Employer's h V	
	*Date of loss: 05.05.2021   Date of consultation 06.05.2021	
	*Report Date: 06.05.2021  Date of return to work: 30.05.2021	
	*From: 06.05.2021 🔠 To 30.05.2021	
	*icD10: <u>M10.9[M22.35]567.3</u> /	
	*Notes:	
	First Medical Report	
	Pre-existing defect disease:	
	X-Rays: dd.MMJyyyy   Performed By:	
	Surgical Procedures: dd.MM.yyyy 🛅 Performed By:	
	Surgical Procedure:	
	Anaesthetics: General Local Duration: - 0 +	
	Refered for Physiotherapy: Physiotherapist:	
	Date in for light duty.	

Step	Action
[26]	Enter 30.05.2021 in the From dd.MM.yyyy field.







Enter A17.0 in the ICD10 field.

[27]

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

යි < බ ≩ CompEasy		EMPLOYER'S REPORT OF	AN ACCIDENT $\sim$		٩
		MSP Notice of In	cident		
		Postal code:			
		TeLno:			
	3. First Medical Report				
	*Type of Report: First	st Medical Report	Form Type:	WCL2 Employer's N	
	*Date of loss: 05J	.05.2021 💼	Date of consultation	06.05.2021	
	*Report Date: 06J	.05.2021	Date of return to work:	30.05.2021	
	*From: 06.	.05.2021	То	30.05.2021	
	*ICD10: A1	Z.9			
	*Notes:		27		
	First Medical Report				
	Pre-existing defect disease:				
	X-Rays: dd.	(MM,yyyy 📃 Performed By:	ő	1	
	Surgical Procedures: dd.	.MM.yyyy   Performed By:	ó	1	
	Surgical Procedure:				
	Anaesthetics:	General 🔘 Local	Duration:	- c +	
	Refered for Physiotherapy:	Physiotherapist:	ó	1	
	Unfit for work:				
	Date fit for light duty: dd.	.MM.yyyy 🖽	Date fit for normal duty:	dd.MM.yyyy 🖽	

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

≗ < ゐ ≩CompEasy	EMPLOYER'S REPORT OF AN ACCIDENT $\sim$	٩
	MSP Notice of Incident	
	Postal code:	
	TeLno:	
	0. First Madical Day at	
	3. First Medical Report	
	*Type of Report: First Medical Report V Form Type: WCL2 Employer's N	
	*Date of loss: US.US.2021 ES Date of consultation 06.05.2021	
	*Report Date: 06.05.2021 ES Date of recurs to work. 30.05.2021	<u> </u>
	*ICD10: A17.0	
	*Notes:	
	First Medical Report	
	Pre-existing defect disease:	
	X-Rays: dd.MM.yyyy 🛅 Performed By:	
	Surgical Procedures: dd.MM.yyyy 🛅 Performed By:	
	Surgical Procedure:	
	Anaesthetics: General Local Duration: - 0 +	
	Refered for Physiotherapy: Physiotherapist:	
	Unit: for Work:	m
	Date in for agin daty. Unimityty ins Date in for home daty. Unimityty	<u>E</u>
	Step 4	







Step	Action
[28]	Enter Accident Report in the Notes field.

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

ASP Notice of Incident  Postal code:  TeL.no:  3. First Medical Report  *Type of Report:  *Type of Report: *Type	
Postal code:         TeLno:         3. First Medical Report         *Type of Report:         *Type of Report:         *Type of Tesport:         *Tesport Tesport: <t< th=""><th></th></t<>	
3. First Medical Report         **type of Report:         *type of Report:         *Date of form:         05:05:2021         Date of consultation         *Beport Date:         06:05:2021         Date of resultation         06:05:2021         Date of resultation         06:05:2021	
3. First Medical Report       *Type of Report:     Form Type:     WCL2 Employer's h >>       *Date of toxs::     65.65.2021     Date of consultation       *Report Date:     06.05.2021     Date of textme to work:	
3. First Medical Report	
*Type of Report: First Medical Report > Form Type: WCL2 Employer's h > *Date of foss: 05.05.2021  Paperor Date: 06.05.2021  Date of return to work: 30.05.2021	
*Type of Report. First Medical Report ∨ Form Type: WCL2 Employer's h ∨     *Date of loss: 05.05.2021 □ Date of consultation 06.05.2021 □     *Report Date: 06.05.2021 □ Date of return to work: 30.05.2021 □	
*Date of forse: 05.05.2021  Date of consultation  *Depend Date: 06.05.2021  Date of return to work: 30.05.2021	
*Report Date: 06.05.2021  Date of return to work: 30.05.2021	
*Prom: 06:05:2021	
*IC010: A17.0	
*Notes: Accident Report	
First Medical Report	
Pre-existing defect disease:	
X.Rays: dd/MM/yyyy   Performed By:	
Surgical Procedures: dd/Mil/1939 🔠 Performed By:	
Surgical Procedure:	
Anaesthetics: General Locat Duration: 0 +	
Refered for Physiotherapis:	
Step 4	
(29)	

Step	Action
[29]	Click the Step 4 button.







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

යි < බ ≩ CompEasy		EMPLOYER'S REPORT OF AN	Accident $\sim$		٩
		MSP Notice of Incide	int		
		Postal code:			
		Tel.no:			
	3. First Medical Report				
	*Type of Report; Fir	irst Medical Report	Form Type:	WCL2 Employer's N	
	*Date of loss: 05	5.05.2021	Date of consultation	06.05.2021	
	*Report Date: 06	6.05.2021	Date of return to work:	30.05.2021	
	*From: 06	6.05.2021	То	30.05.2021	
	*ICD10: A1	17.0			
	*Notes: Ac	ccident Report			
	First Medical Report				
	Pre-existing defect disease:				
	X-Rays: da	d.MM.yyyy  Performed By:	6		
	Surgical Procedures: da	d.MMJyyyy  Performed By:	p		
	Surgical Procedure:	Contract ( ) Land	Duration		
	Anaestheoids:	Diversity Cocal	Duration.		
	Refered for Physiotherapy:	Physiotherapist:	D*		
	Date fit for light duty:	d MM varaz 📖	Date fit for normal duty:	dd MM yww 🕅	1
	Duc in for egre duty.		bate in for normal day.	uummijiji es	
	4. Documents				30
	Please upload mandatory documents marked with	h an * in Document Type list.	*Doc	ument type 1 +	
	<ul> <li>Note that a Certified conv of the SAID. Passnort of</li> </ul>	or Work Permit is real ired	500		
Ctor	tion				
SIED AC	lion				

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

Click in the area below the scroll bar to scroll down.

A CompEasy		EMPLOYER'S REPORT OF AN ACCIDENT $\sim$	٩
		MSP Notice of Incident	
	*ICD10: A17	7.0	
	*Notes: Acc	ident Report	
	First Medical Report		
	Pre-existing defect disease:		
	X-Rays: dd.	MMJ9999  Performed By:	
	Surgical Procedures: dd.	MM.39997   Performed By:   C	
	Surgical Procedure:		
	Anaesthetics:	General O Local Duration: - 0 +	
	Refered for Physiotherapy:	Physiotherapist:	
	Unfit for work:		
	Date fit for light duty: dd.	MM.yyyy   Date fit for normal duty: dd.MM.yyyy	
	4. Documents		
	Note that a Certified copy of the SA ID, Passport or	An * In Document type list. *Document type +	
		No files found.	
		use the + button	



[30]





[31]

i	Attached supporting documents.
Step	Action

Click the **Document type** drop down option button to display the available list.

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

EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $	
MSP Notice of Incident	
*ICD10: A17.0	
*Notes: Accident Report	
First Medical Report Proof of Employment Contract	
Pre-existing defect disease: Sworn Employee Statemener	rWCL236
X-Rays: ddl.MM33337  Performed By:  Assault Questionnaire	
Surgical Procedures: dd.MM.yyyy  Performed By: Road Accident Questionnaire Road Accident Questionnaire	VCL226
Surgical Procedure: Road Accident Support Locur	.ent
Anaesthetics:         General         Local         Duration:         Pessport           Refered for Physiotherapy:         Physiotherapist:         6 <sup>2</sup> SAID +	
Unfit for work:	
Date fit for light duty: dd./MM.yyyy   Date fit for normal duty: dd./MM.y	ant WCL2 *
Employer's Report of ON List First Medical Report - Act 37	JICL4 *
4. Documents First Medical Report - Occ. Dis	zase WCL22
First Medical Report PTSD W	L303
Note that a Certified copy of the SA ID, Passport or Work Permit is required.	+
No files found.	
use the + Button	
we life + buildit	

Step	Action
[32]	Click the <b>Document type</b> Employer's Report of an Accident WCL2* option to select it.







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

	MSP Notice of	f Incident	
*ICD10:	A17.0		
*Notes:	Accident Report		
First Medical Report			
Pre-existing defect disease:			
- X-Rays:	dd.MMJyyyy 🛅 Performed By:	ē	
Surgical Procedures:	dd.MM.yyyy 📋 Performed By:	6 <sup>7</sup>	
Surgical Procedure:			
Anaesthetics:	🔿 General 🔘 Local	Duration: – 0 +	
Refered for Physiotherapy:	Physiotherapist:	ē	
Unfit for work:			
Date fit for light duty:	dd.MM.yyyy 🖽	Date fit for normal duty: dd.MM.yyyy	
Please upload mandatory documents marked Note that a Certified copy of the SA ID, Passpi	with an * in Document Type list. ort or Work Permit is required.	*Document type [Employer's Report of an V]	
	No files fo	und.	
	use the + Bu	tton	
			-

Step	Action
[33]	Click the Add + button.

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

😤 🤇 🏠 🤆 CompEasy	EMPLOYER'S REPORT	T OF AN ACCIDENT $\sim$	٩
	📀 Open	×	
	$\leftarrow \rightarrow \checkmark \uparrow$ <b>This PC &gt; Desktop</b>	✓ ♂ Search Desktop	
	Organise 🔻 New folder	B== 🕶 🛄 🕐	
	26 - Department A Name	Date modified Type Size	
	VES YES	2021/06/08 11:45 Text Document 3 KB 2020/10/01 13:58 Adobe Acrobat D 7 KB	
	PR_71C7E5C83C	2020/10/01 13:58 Adobe Acrobat D 7 KB	
	o Creative Cloud Fil	34)	
	OneDrive - Persor	<u> </u>	
	Transnet		
	This PC		
	Desktop		
	Documents		
	Downloads		
	Music     Fictures		
	Videos		
	Local Disk (C:)		
	Network	×	
	File name:	All Files	
		- Concer da	







Step	Action
[34]	Double click on the WCL2 🔒 WCL2 option to select it.

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

😤 🤇 🏠 🄀 CompEasy		EMPLOYE	R'S REPORT OF AN AC	CIDENT $\sim$			٩
			MSP Notice of Incident				
	*Type of Report:	First Medical Report $\sim$	F	Form Type:	WCL2 Employer's N	$\sim$	
	*Date of loss:	05.05.2021	0	Date of consultation	06.05.2021	<b>=</b>	
	*Report Date:	06.05.2021	E	Date of return to work:	30.05.2021	<b>=</b>	
	*From:	06.05.2021	T	fo	30.05.2021	<b>=</b>	
	*ICD10:	A17.0					
	*Notes:	Accident Report					
	First Medical Report						
	Pre-existing defect disease:						
	X-Rays:	dd.MM.yyyy 🖽	Performed By:	6			
	Surgical Procedures:	dd.MM.yyyy 🖽	Performed By:	đ			
	Surgical Procedure:						
	Anaesthetics:	General O Local	C	Duration:	- 0 <del>+</del>		
	Refered for Physiotherapy:		Physiotherapist:	ß			
	Unfit for work:						
	Date fit for light duty:	dd.MM.yyyy 🛅	0	Date fit for normal duty:	dd.MM.yyyy	8	
	4. Documents						
	4. Documents						
	Please upload mandatory documents marked Note that a Certified copy of the SA ID, Passpo	with an * in Document Type li ort or Work Permit is required.	ist.	*Docur	ment type Employer	's Report of an 🗸 🕂	
	WCL2.pdf					35	
	0,3 ND						

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







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

	MSP Notice o	f Incident		
*Type of Report:	First Medical Report 🗸	Form Type:	WCL2 Employer's N 🗸	
*Date of loss:	05.05.2021	Date of consultation	06.05.2021	
*Report Date:	06.05.2021	Date of return to work:	30.05.2021	
*From:	06.05.2021	To	30.05.2021	
*ICD10:	A17.0			
*Notes:	Accident Report			
			Develop Company Company	
First Medical Report			Proof of Employment Contract	
Pre-existing defect disease:			Accault Questionnaire	
X-Rays:	dd.MM.yyyy   Performed By:	6	Posid Accident Questionnaire WCI 226	
Surgical Procedures:	dd.MM.yyyy   Performed By:		Road Accident Support Document	
Surgical Procedure:			Passport	
Anaesthetics:	🔾 General 🔾 Local	Duration:	SAID +	
Refered for Physiotherapy:	Physiotherapist:	ð	Work Permit	
Unfit for work:			Employer's Report of an Accident WCL2 *	
Date fit for light duty:	dd.MM.yyyy	Date fit for normal duty:	Employer's Report of Occ. Disease WCL1	
			First Medical Report - Accident WCL4 *	
4. Documents			First Medical Report - Occ Disease WCL22	
4. Documents			First Medical Report PTS	
Please upload mandatory documents marked Note that a Certified copy of the SA ID, Passp	with an * in Document Type list. ort or Work Permit is required.	*Do	cument type Employer's Report of an 🗸 +	
6.3 KB			8	

Step	Action
[36]	Click the First Medical Report - Accident WCL4 * option to select it.

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

A CompEasy		EMPLOYER'S REPORT OF AN A	ACCIDENT ~		٩
		MSP Notice of Incider	it		
	*Type of Report:	First Medical Report 🗸	Form Type:	WCL2 Employer's N 🗸	
	*Date of loss:	05.05.2021	Date of consultation	06.05.2021	
	*Report Date:	06.05.2021	Date of return to work:	30.05.2021	
	*From:	06.05.2021	То	30.05.2021	
	*ICD10:	A17.0			
	*Notes:	Accident Report			
	First Medical Report				
	Pre-existing defect disease:				
	X-Rays:	dd.MM.yyyy   Performed By:	8		
	Surgical Procedures:	dd.MM.yyyy   Performed By:	6		
	Surgical Procedure:				
	Anaesthetics:	○ General ○ Local	Duration:	- 0 +	
	Refered for Physiotherapy:	Physiotherapist:	6		
	Unfit for work:				
	Date fit for light duty:	dd.MM,yyyy 🗰	Date fit for normal duty:	dd.MM.yyyy 🛅	
	4. Documents				
	Please upload mandatory documents marked Note that a Certified copy of the SA ID, Passo	with an * in Document Type list. ort or Work Permit is required.	*Docu	ment type First Medical Report - Ac V	
	WCL2.pdf			(37)	
	6,3 KB			× •	







Step	Action
[37]	Click the Add + button.

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

🖄 🤇 🏠 🄀 CompEasy	EMPLC	DYER'S REPORT OF AN ACCIDENT $ arsigma$	٩
	Open	×	
	$\leftarrow \rightarrow \checkmark \uparrow$ <b>I</b> > This PC > Desktop	✓ O Search Desktop	
	Organise 🔻 New folder	8≡ ▼ 🔟 🔞	
	26 - Department A Name	Date modified         Type         Size         A           2021/05/08 11:45         Text Document         3 KB         4	
	Articulate PR_71C7E5C83C	2020/10/01 13:58 Adobe Acrobat D 7 KB 2020/10/01 13:58 Adobe Acrobat D 7 KB	
	Creative Cloud Fil	(38)	
	<ul> <li>OneDrive - Person</li> <li>Transnet</li> </ul>		
	This PC 3D Objects		
	Desktop  Documents		
	Downloads		
	Pictures     Videos		
	Local Disk (C:)		
	File name:	↓ All Files ↓	
		Open Cancel	

Step	Action
[38]	Double click on the WCL4 B WCL4 option to select it.







Click the Review

button.

[39]

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

ି < ଜି <mark>≩CompEasy</mark>		EMPLOYER'S REPORT O	DF AN ACCIDENT $\vee$		٩
		MSP Notice of	Incident		
	*From:	06.05.2021	То	30.05.2021	
	*ICD10:	A17.0			
	*Notes:	Accident Report			
	First Medical Report				
	Pre-existing defect disease:				
	X-Rays:	dd.MM.yyyy   Performed By:		8	
	Surgical Procedures:	dd.MM.yyyy   Performed By:		<u>-</u>	
	Surgical Procedure. Anaesthetics:	○ General ○ Local	Duration:	- a +	
	Refered for Physiotherapy:	Physiotherapist:		8	
	Unfit for work:				
	Date fit for light duty:	dd.MM.yyyy	Date fit for normal duty	y: dd.MM.yyyy	
	4. Documents				
	Please upload mandatory documents marked Note that a Certified copy of the SA ID, Passp	with an * in Document Type list. ort or Work Permit is required.		*Document type First Medical Report - Ac 🗸 🕂	
	WCL4.pdf				
	6,3 KB			8	
	WCI 2 ndf				
	6,3 KB			8	
	Review				
	(39)				
Step Actio	n				

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

ິ < ເລີ <mark>≩CompEasy</mark>		EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $	٩
		MSP Notice of Incident	
	1. Employer	[∥ Edt]	
	Registered number: 99000 Registered number: 59000 Contrate present Serret address: P pols Postal docter: 0001 Postal address: Postal coder: Ref.nc: 9900 Fax.nc: E-mail address: Noder Postar coder: Gener	2551499 FT3HWAYE METROPOLITAN 0X 408 PRETORIA 99999 HWGTTSHWAYE GOVZA	
	Labour Centre to process the claim: KRUGE	g nom ErsborkP	
	2. Employee	✓ Edd	
	ID Typer: South. ID No: 97512 Summe: TEICH Finst name: ERVST Date of thirt: Decem Sex: Male Markataxe: Single Cilizen of:	Mfan ID 5582090 JER DEWALD DeWALD ber 7, 1975	
	E-mail address: Personnel no: Street address: Postal code: Postal code: Postal code: Tel.no:	<b>(40)</b>	
	3. First Medical Report	✓ Edt.	
	Medical Report		
		Submit Claim (	







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

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

γ		EMPLOYER'S REPORT OF AN A	CCIDENT V	
		MSP Notice of Incider	ıt	
Not	es: Accident Report			
First Medical Report				
Pre-existing defect disease	se:			
X-Ra	/5:		Performed By:	
Surgical Procedure	52		Performed By:	
Surgical Procedu	re:			
Anaestheti	cs: General: No	Local: No	Duration: 0	
	Herered for Physiotherapy: No	Data fit for light duti-	Physiotherapist:	
	OFFIC OF WORK: NO	Date nit for tight duty.	Date fit for normal duty.	
6. Documents				/ Edit
Documents to U	pload			
List of your Documen	ts to Upload			
First Medical Re	port - Accident WCL4 *			
Type: ZISCMIMB06				Not Uploaded
File name: WCL4.pdf				
Employer's Rep	ort of an Accident WCL2 *			
Type: ZISCMIER04				Not Uploaded
File name: WCL2.pdf				
Declaration By MSP O	r Authorised Person			
✓		Declare Here		
Declaration Accepte	rd:			
				Submit Clai

Step	Action
[41]	Click the Declare Here button.







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

A ← A → CompEasy					٩
	Notes: Accident Report				
	First Medical Report				
	Pre-existing defect disease:				
	X-Rays:		Performed By:		
	Surgical Procedures:		Performed By:		
		Local: No			
	Anaesmeucs: General No	Euca: No	Duratoric o		
		Enployer becanaci	/1		
	Department: Labour REPUBLIC 1993 Section 6(A) - Annexure 2	COF SOUTH AFRICA, All right reserved. COMPENS/ 13	ATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT,		
	6. Documents			🖊 Edit	
	Declaration		<u>+</u>		
	Documents	1=1			
	List of your Dos I Wayne Joubert with	D ID number 680113506608 Hereby declar	e that on that the particulars furnished on this repor accurate.	t of -	
	First Medica 42				
	Type: ZISCMIMI		Declare Can	cel of the second s	
	Employer's Report of an Accident WCL2				
	Type: ZISCMIER04			Not Uploaded	
	File name: WCL2.pdf				
	Declaration By MSP Or Authorised Person				
		Declare Here			
	Declaration Accepted:				
				Submit Claim	

Step	Action
[42]	Click to select the <b>Declaration</b> Checkbox.

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

S < ⊕ ≩CompEasy		EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $	٩
		MSP Notice of Incident	
	MORE DUIE 5, 2021	10. JUNE 3, 2021	
	ICD10: A17.0		
	Notes: ffedd		
	First Medical Report		
	Pre-existing defect disease:		
	X-Rays:	Performed By:	
	Surgical Procedures:	Performed By:	
	Surgical Pre	Employer Declaration	
	Anae		
	Department: Labour REPUBLIC OF SOU	TH AFRICA, All right reserved. COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT,	
	1993 360001 0(A) - Millionale 13		_
	Declaration		
	6. Documents	11=1	- Cox
	Documents	ber 680113506608 Hereby declare that on that the particulars furnished on this rep	port of a
	the standard	accurate.	
	List of your Doc		
	First Medica	Declare C	Cancel
	Type: ZISCMIMB06		Not Uploaded
	File name: WCL4.pdf		
	Employer's Report of an Accident WCL2*		
	File name: WCL2.pdf		
	Declaration By MSP Or Authorised Person		
			Submit Claim







Step	Action
[43]	Click the Declaration Declare button.

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

යි 🕻 🍙 🏂 CompEasy		EMPL	OYER'S REPORT OF AN A	CCIDENT $\lor$				٩
			MSP Notice of Incident	t				
	Notes: Accident Report							
First Medio	cal Report							
Pre-exis	sting defect disease:							
	X-Rays:			Performed By:				
S	Surgical Procedures:			Performed By:				
	Surgical Procedure:		Local Ma		B			
	Anaesthetics: General: No Referred for Division	atharame No.	LOCAL: NO	Dhuriotharanir	Duration: U			
	Linfit for work: No	otnerapy: No	Date fit for light duty:	Physiotherapis	Date fit for normal duty:			
			pore in tot office only.		bala in ioi nannai aaiy.			
6. Do	ocuments					🖉 Edit		
Do	cuments to Upload							
List	of your Documents to Upload							
Firs	st Medical Report - Accident W	ICL4 *						
Typ	e: ZISCMIMB06					Not Uploaded		
File	name: wcl4.pdr							
Em	ployer's Report of an Accident	WCL2 *						
Typ	e: ZISCMIER04					Not Uploaded		
File	name: WCL2.pdf							
Declaratio	on By MSP Or Authorised Pers	ion						
	-							
✓			Declare Here					
De	eclaration Accepted: Yes							
						Submit Claim	-(44)	



Submit and receive a Incident Notice Number.

Step	Action
[44]	Click the Submit Claim button.







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

S < ☆ ≩CompEasy					
		MSP Notice of Incident			
	Notes: Accident Report				
	First Medical Report				
	Pre-existing defect disease:				
	X-Rays:	Perfor	ned By:		
	Surgical Procedures:	Perfor	ned By:		
	Surgical Procedure:				
	Anaesthetics: General: No	Local: No			
	Herereu for Physiotherapy: No	Physic Date fit for light duty:	Data fit for normal cluby		
	CHILLION WORK. NO	Date ne for agric daty.			
	6. Documents	Confirm		🖉 Edit	
	Documents to Upload	Do you want to submit incident notice?			
	List of your Documents to Upload	Yes			
	First Medical Report - Accident WCL4 *	4	3		
	Type: ZISCMIMB06 File name: WCL4.pdf				
	Employer's Report of an Accident WCL2 *				
	Type: ZISCMIER04			Not Uploaded	
	Declaration by MSP OF Authorised Person				
	✓				
	Declaration Accepted: Yes				
				Submit Claim	

Step	Action
[45]	Click the button.

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

S 🔇 🗇 🕃 CompEasy		٩				
		1				
	ICD10:					
	Notes:	ffedd				
	First Martinal Danost					
				Derformed Bir		
				Performed By:		
	Surgical Procedure:					
	Anaesthetics:	General: No	Local: No	Duration: 0		
		Refered for Physiotherapy: No		Physiotherapist:		
		Unfit for work: No	Date fit for light duty	Date fit for not	mai duty:	
			[∠] Success	•		
	6. Documents		Your Incident Notice: [000000000113	96311] has been created.	/ Eat	
	Documents to Uplo	ad		OK		
	List of your Documents t					
	First Medical Report	First Medical Report - Accident WCL4 *				
	Type: 2ISCMIMB06				Not Uploaded	
	racinging webspan					
	Employer's Report	of an Accident WCL2 *				
	Type: ZISCMIER04				Not Uploaded	
	File name: WCL2.pdf					
	Declaration By MSP Or A					
			Double Tree			
waiting for s4itest.iabour.gov.za					224401 E. (2000)	







Step	Action
[46]	Click the <sup>OK</sup> button.



Please take note of the message.

## 1.1.47. Home - Google Chrome

A CompEasy				Home	~			٩
Medical Services. Document Management System								
Submit Medical Report	Submit Pre- Authorisation Request	Invoice Submission Request	View Invoices Display	Display Claim Status (Customer View)	Manage Organisation Authorisation	MSP Notice of Incident		
Ē		sĭ	6	8		Ĩ		
Document Managem	nent System							
SAP ArchiveLink: Store documents OAWD	Document Viewer SDV							

Well done! You have succesfully created a Notice of Accident.



