

1.1. External Claim Registration

Purpose

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

Business Scenario

In this scenario the Employer , in this example, lodges an Occupational Injury claim in the CompEasy System.

The Compensation for Occupational Injuries and Diseases Act applies to:

All employers with casual or full-time workers who sustained a workplace accident or contracted a work-related disease.

Prerequisites

The following prerequisites are applicable when processing this transaction:

- Registered Business Partner.
- Authorised user access to CompEasy.
- Proof of Identity.

1.1.1. Home - Google Chrome

CompEasy			Home \checkmark	Q
Medical Services	Document Management S	ystem Occupatio	nal Claims Registration	
Claim Registration	Claim Documents D Upload S	Display Claim Status (Customer View)	Manage Organisation Authorisation	
0				

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







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

Step	Action		
[2]	Click the Occupational Injury Claims are lodged access the transaction.	Occupational Injury Claims are lodged	tile to

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

A CompEasy EMPLOYE	R'S REPORT OF AN ACCIDENT $ \!$	Q
En	nployer's Report of an Accident	
2 Employee 3 Accident	4 Further Particulars of 5 Further Particulars (6 Documents	
1. Employer		
Registered number of this business with the Compensation Commissioner:	990000460516	
Registered name with the Compensation Commissioner:	3	
*Contact person:		
Street address:		
Postal code:		
Postal address:		
Postal code:		
Tel.no:		
Fax.no:		
E-mail address:		
*Province:	~	
*Labour Centre to process the claim:	· · · · · · · · · · · · · · · · · · ·	
*Location of the business/farm:		
	s	ubmit Claim









Enter a valid CF Contract Account number, if the CF Contract Account number is valid it will auto populate all the other filed relating to the Business .



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

Step	Action
[3]	Enter 990000460516 in the Registered number of this business with the Compensation Commissioner field.

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

Imployer Imployer	8 <	☆ CompEasy EMPLOYE	ER'S REPORT OF AN ACCIDENT $ arsigma$	Q
Employer C Employee C Employee C Employee C Employee C Employee C Contact person Contact person Contact person Contact person Contact person Contact person Contact perso		En	mployer's Report of an Accident	
1. Employer *Registered number of this business with the Compensation Commission: Registered name with the Compensation Commission: ESCOM DISTRIBUTION FIELD SERVICES Contact person Levent address Postal address Po	1 Employer	2 Employee 3 Accident	4 Further Particulars of5 Further Particulars6 Documents	
*Registered number of this business with the Compensation Commission: 990000460516 Registered name with the Compensation Commission: ESKOM DISTRIBUTION FIELD SERVICES *Contact perso: Jr Mam Street address: 0000 CNR PAUL SAUER INDUSRIAL RD BELABELA Postal code: 0481 Postal code: 0147369502 Fennal address: 0147369502 *Province: *Province: *Labour Centre to process the clain: * *Location of the business/ram:	1. Employer			_
*Registered number of this business with the Compensation Commissione: 99000400516 Registered name with the Compensation Commissione: EKXOM DISTRIBUTION FIELD SERVICES *Contact person: If Mam Street address: 0000 CNR PAUL SAVER INDUSRIAL RD BELABELA Postal code: 0481 Postal code: 0147369502 TeLno: 117369502 E-mail address: 0147369502 *Province: ~ *Province: ~ *Location of the business/farm: Cottant Colem				
Registered name with the Compensation Commissione: *Contact person: *Contact perso	*Registere	d number of this business with the Compensation Commissioner:	990000460516	
*Contact person: JE Mam Street address: 0000 CNR PAUL SAUER INDUSRIAL RD BELABELA Postal code: 0481 Postal address: 0147369502 TeLno: 0147369502 E-mail address: • *Province: • *Province: • *Labour Centre to process the clain: • *Location of the business/farm: • Cotomt CEdame •		Registered name with the Compensation Commissioner:	ESKOM DISTRIBUTION FIELD SERVICES	
Street address: 0000 CNR PAUL SAUER INDUSRIAL RD BELABELA Postal code: 0481 Postal address: 1 Postal code: 1 TeLno: 0147369502 E-mail address: 1 *Province: * *Province: * *Labour Centre to process the clain: * *Location of the business/farm: Submit Calant		*Contact person:	JF Mam	
Postal code: 0481 Postal address:		Street address:	0000 CNR PAUL SAUER INDUSRIAL RD BELABELA	
Postal address: Postal address: Postal code: TeLno: Ol47369502 Fax.no: Fax.no: E-mail address: *Province: *Province: *Province: *Labour Centre to process the claim: *Location of the business/farm:		Postal code:	0481	
Postal code: TeLno: 0147369502 Fax.no: E-mail address: *Province: *Province: *Labour Centre to process the claim: *Location of the business/farm:		Postal address:		
TeLno: 0147369502 Fax.no:		Postal code:		
Fax.no: E-mail address: *Province: *Province: *Labour Centre to process the claim: *Location of the business/farm:		Tel.no:	0147369502	
E-mail address: *Province: *Labour Centre to process the claim: *Location of the business/farm: Submit Claim		Fax.no:		
*Province		E-mail address:		
*Labour Centre to process the claim: *Location of the business/farm: Submit Claim		*Province:		
*Location of the business/farm:		*Labour Centre to process the claim:	v	1
Submit Claim		* ocation of the business/farm		
Submit Claim		Ecolution of the businessmann.		
			Su	bmit Claim

Step	Action
[4]	Enter Name of the Contact person e.g. JF Mam in the Contact person field.







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

A CompEasy EMPLOYE	R'S REPORT OF AN ACCIDENT \sim	Q
En	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4 Further Particulars of 5 Further Particulars 6 Documents	
1. Employer		
*Registered number of this business with the Compensation Commissioner:	990000460516	
Registered name with the Compensation Commissioner:	ESKOM DISTRIBUTION FIELD SERVICES	
*Contact person:	JE Mam	1
Street address:	0000 CNR PAUL SAUER INDUSRIAL RD BELABELA	
Postal code:	0481	
Postal address:		
Postal code:		
Tel.no:	0147369502	
Fax.no:		
E-mail address:		5
*Province:	~	·
*Labour Centre to process the claim:	~	
*Location of the business/farm:		

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

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

A < A ≩ CompEasy EMPLOYE	ER'S REPORT OF AN ACCIDENT \sim Q	
En	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	Further Particulars of 5 Further Particulars 6 Documents	
Postal code:	0481	
Postal address:		
Postal code:		
Tel.no:	0147369502	
Fax.no:		
E-mail address:		- 1
*Province:	×	
*Labour Centre to process the claim:	<u></u>	
*Location of the business/farm:		′
*Nature of business, trade or industry:		- 1
*Confirm that the above details are correct:	O Yes O No	- 1
	If No, Please attach a document in section 6 with correct details	

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







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

8 < 1	CompEasy EMPLOYE	R'S REPORT OF AN ACCIDENT \checkmark	Q
	En	ployer's Report of an Accident	
1 Employer —	2 Employee 3 Accident	[4] Further Particulars of [5] Further Particulars [6] Documents	
	Postal code:	0481	
	Postal address:		
	Postal code:		
	Tel.no:	0147369502	
	Fax.no:		
	E-mail address:		
	*Province:		
	*Labour Centre to process the claim:	Eastern Cape	
	*Location of the business/farm:	Freestate	
	*Nature of business, trade or industry:	Gauteng North	- 1
	*Confirm that the above details are correct:	Gauteng South	- 1
		Limpopo	
		Northern Cone	
		Northwest	
		Western Cane	omit Claim
		Vesen ope	
Step	Action		
[7]	Click the Province: Gau	Gauteng South option to select	ct it.

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

A CompEasy EMPLOY	ER'S REPORT OF AN ACCIDENT $ \smallsetminus $	Q
E	mployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	G Decuments of Further Particulars of G Documents	
Postal code:	0481	
Postal address:		
Postal code:		
Tel.no:	0147369502	
Fax.no:		L .
E-mail address:		
*Province:	Gauteng South	
*Labour Centre to process the claim:	✓	
*Location of the business/farm:		8
*Nature of business, trade or industry:		
*Confirm that the above details are correct:	O Yes O No	
	If No, Please attach a document in section 6 with correct details	

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Step	Action
[8]	Click the Labour Centre to process the claim drop down option button to display the available list.

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

8 <	☆ CompEasy EMPLOYE	ER'S REPORT OF AN ACCIDENT \lor Q	
	En	nployer's Report of an Accident	
1 Employer —	2 Employee 3 Accident	4 Further Particulars of 5 Further Particulars (6 Documents	
	Postal code:	0481	
	Postal address:		
	Postal code:		
	Tel.no:	0147369502	
	Fax.no:		
	E-mail address:		- 1
	*Province:	Gauteng South V	- 1
	*Labour Centre to process the claim:	GERMISTON	- 1
	*Location of the business/farm:	GERMISTON	- 1
	*Nature of business, trade or industry:	JOHANNESBURG	- 1
	*Confirm that the above details are correct:	KEMPTON PARK	- 1
		RANDBURG	- 1
		VEREENIGING	- 1

Step	Action
[9]	Click the Labour Centre: Kempton Park KEMPTON PARK option to select it.







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

A CompEasy EMPLOY	ER'S REPORT OF AN ACCIDENT \sim	Q
E	mployer's Report of an Accident	
Employer 2 Employee 3 Accident	4 Further Particulars of 5 Further Particulars 6 Documents	
Postal code:	0481	
Postal address:		
Postal code:		
Tel.no:	0147369502	
Fax.no:		
E-mail address:		
*Province:	Gauteng South	
*Labour Centre to process the claim:	KEMPTON PARK	1
*Location of the business/farm:	Midrand	
*Nature of business, trade or industry:		<u> </u>
*Confirm that the above details are correct:	O Yes O No	_
	If No, Please attach a document in section 6 with correct details	



The Location of the business/farm is where the Business is located e.g. Midrand.

Step	Action
[10]	Enter Midrand in the Location of the business/farm field.





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

A 🖒 🕅 KompEasy EMPLOYI	ER'S REPORT OF AN ACCIDENT \checkmark	Q
Er	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident		
Postal code:	0481	
Postal address:		
Postal code:		
Tel.no:	0147369502	
Fax.no:		
E-mail address:		
*Province:	Gauteng South	e
*Labour Centre to process the claim:	KEMPTON PARK	e
*Location of the business/farm:	Midrand	
*Nature of business, trade or industry:	Manufacturing	
*Confirm that the above details are correct:	O Yes O No	-
	If No, Please attach a document in section 6 with correct details	

(•	
	1	

The **Nature of business, trade or industry** is the type of Business the organization is into e.g. Manufacturing.

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







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

A CompEasy EMPLOYE	R'S REPORT OF AN ACCIDENT \sim	Q
Err	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4 Further Particulars of 5 Further Particulars (6 Documents	
Postal code:	0481	
Postal address:		
Postal code:		
Tel.no:	0147369502	
Fax.no:		
E-mail address:		
*Province:	Gauteng South	·
*Labour Centre to process the claim:	KEMPTON PARK	•
*Location of the business/farm:	Midrand	
*Nature of business, trade or industry:	Manufacturing]
*Confirm that the above details are correct:	O Yes O No	
	If N 12 characteristic for the section 6 with correct details	



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







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

음 🕻 🏫 🏂 CompEasy EMPLOYE	:R'S REPORT OF AN ACCIDENT \sim	Q
En	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4 Further Particulars of - 5 Further Particulars - 6 Documents	
Postal code:	0481	
Postal address:		
Postal code:		
Tel.no:	0147369502	
Fax.no:		
E-mail address:		
*Province:	Gauteng South	4
*Labour Centre to process the claim:	KEMPTON PARK	
*Location of the business/farm:	Midrand	
*Confirm that the above details are correct:	Manuracturing	-
Commit that the above details are correct.		
	If No, Please attach a document in section 6 with correct details	
Step 2		
13		
		to descents (Cliniters
		suoinit Claim
Step Action		

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

Click the **Step 2** Step 2 button to go to the next page.

🛆 🕻 🏠 🄀 CompEasy	EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $	Q
	Employer's Report of an Accident	
1 Employer — 2 Employee —	3 Accident 4 Further Particulars of 5 Further Particulars	6 Documents
2. Employee		
Please enter either the Employee SA ID No, or the P the details. If the number was not found, the Employ time.	ssport No, or the Work Permit No below and hit <enter>. Please ensure the number is captured correctly. Th se detail fields will become active and allow capturing new Employee details. Note that New Employee creat</enter>	e system will search and display ion prolongs the Claim processing
*ID Type:	D Number O Passport O Work permit	
Surname:	(14)	
First names:		
Date of birth:		
Sex:		
Marital state:		
Citizen of:		
outerior		
E-mail address:		
Personnel no:	Enter digits	



[13]







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
[14]	Click to select the ID Number O ID Number radio button.

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

A CompEasy	EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $	۹
	Employer's Report of an Accident	
1 Employer 2 Employee	3 Accident (a) Further Particulars of5 Further Particulars	6 Documents
2. Employee		
Please enter either the Employee SA ID No, or the f the details. If the number was not found, the Emplo time.	Passport No, or the Work Permit No below and hit <enter>. Please ensure the number is captured correctly. T yee detail fields will become active and allow capturing new Employee details. Note that New Employee creaters</enter>	The system will search and display ation prolongs the Claim processing
*ID Type:	ID Number Passport Work permit	
ID No.:	8702170380086 Q	
Surname:		
First names:		
Date of birth:		
Sex:		
Marital state:		
Citizen of:		
C and address		
E-mail address:		
Personnel no:	Enter digits	Submit Claim



Enter a valid ID number, and the information relating to the ID will auto populate.

Step	Action
[15]	Enter 8702170380086 in the ID No. field.







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

A ☆ CompEasy	EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $	٩
	Employer's Report of an Accident	
1 Employer 2 Employee	3 Accident 6 Further Particulars of 5 Further Particulars of 5 Further Particular	rs 6 Documents
2. Employee		
Please enter either the Employee SA ID No, or the details. If the number was not found, the Employee.	e Passport No, or the Work Permit No below and hit <enter>. Please ensure the number is captured correctl ployee detail fields will become active and allow capturing new Employee details. Note that New Employee c</enter>	y. The system will search and display reation prolongs the Claim processing
*ID Type	: 💿 ID Number 🔿 Passport 🔿 Work permit	
ID No	: 8702170380086 8702170380086	
Surname	MAJOLA	
First names	YVONNE VIYELWA	
Date of birth	17.02.1987	
Sex	: Female	
Marital state	: Single	
Citizen o	: South African	
E-mail address		
Personnel no	: Enter digits	
Step Action		

1.1.17. 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 $ \smallsetminus $	Q
	Employer's Report of an Accident	
1 Employer 2 Employee _	3 Accident 4 Further Particulars of 5 Further Particulars (6 Documents	
E-mail address:		
Personnel no:	Enter digits	
Street address:	0000 167 Thabo Sehume St. Pretoria Central Pretoria	
Postal code:	0002	
Postal address:		
Postal code:		
Tel.no:	000000000	
*Is the injured person a:	· · · · · · · · · · · · · · · · · · ·	
*Occupation:		
*Period in your employ(years/months):		
*Expected period of disablement (days):	O 0-13 Days O 14 & More	
*Confirm that the above details are correct:	O Yes O No	
	If No, Please attach a document in section 6 with correct details	
		Submit Claim



[16]

The "Is the Injured Person a" field defines the employee's' 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

🖂 🕻 🏠 🎸 CompEasy	Invalid entry	Q
	Apprentice (Full-Time)	
	Apprentice (Part-Time)	
1 Employer - 2 Employee -	Regular Employee (Full-Time)	6 Documents
	Regular Employee (Part-Time)	
E-mail address:	Retired	
Personnel no:	Working Director/Partner/Owner	
Street address:	Trainee	
Postal code:	Working member of a CC	
Postal address:	Owner of Business	
Postal code:	Partner in the Business	
Tel.no:	Not Appliicable	
*Is the injured person a:		
*Occupation:	×	
*Period in your employ(years/months):		
*Expected period of disablement (days):	O 0-13 Days O 14 & More	
*Confirm that the above details are correct:	O Yes O No	
	If No, Please attach a document in section 6 with correct details	

Step	Action
[18]	Click the is the injured person a: Regular Employee (Full-
	Time) Regular Employee (Full-Time) option to select it.







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

A 🤇 🏠 CompEasy	EMPLOYER'S REPORT OF AN ACCIDENT \checkmark	Q
	Employer's Report of an Accident	
1 Employer 2 Employee _	3 Accident (4) Further Particulars of (5) Further Particulars (6) Documents	
E-mail address:		
Personnel no:	Enter digits	
Street address:	0000 167 Thabo Sehume St. Pretoria Central Pretoria	
Postal code:	0002	
Postal address:		
Postal code:		
Tel.no:	000000000	
*Is the injured person a:	Regular Employee (Full-Time)	
*Occupation:		
*Period in your employ(years/months):		
*Expected period of disablement (days):	○ 0-13 Days ○ 14 & More	
*Confirm that the above details are correct:	O Yes O No	
	If No, Please attach a document in section 6 with correct details	



Step	Action
[19]	Click the Occupation drop down option button to display the available list.







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

8 (🏠	≩ CompEasy	EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $	Q
		Employer's Report of an Accident	
1 Employer	2 Employee	Accident Accident Accident Accident Further Particulars of Further Particulars Further Particulars	6 Documents
	E-mail address:		
	Personnel no:	Enter digits	
	Street address:	0000 167 Thabo Sehume St. Pretoria Central Pretoria	
	Postal code:	0002	
	Postal address:		
	Postal code:		
	Tel.no:	000000000	
	*Is the injured person a:	Regular Employee (Full-Time)	
	*Occupation:	V	
*Period in y	your employ(years/months):		
*Expected pe	eriod of disablement (days):	Electrician mitemate	
*Confirm that th	ne above details are correct:	Worker(m/f)	
		Master Craftsman	
		Technician	
		Self-Employed(m/f)	
		(20)	Submit Claim
Step	Action		
[20]	Click the Oc	cupation Technician option to select it.	

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

Imployer's Report of an Accident Imployer Imployer Imployer Imployer Imployer Imployer Imployer Imployer Imployer Imployer Imployer Imployer Imployer Imployer Imployer Imployer Imployer Imployer Imployer Imployer<	A ← A CompEasy	EMPLOYER'S REPORT OF AN ACCIDENT \checkmark	Q
1 Employer 2 Employer 3 Accdent 4 Europe Particulars of Employee 5 Further Particulars of Concents Image: Street address Image: St		Employer's Report of an Accident	
E-mail address: Personnel no: E-ther digits Street address: Postal code: Postal address: Postal address: Postal code: TeLno: 0000000000 *Is the injured person a: *Occupation: *Occupation: *Decupation	1 Employer 2 Employee	3 Accident (a) Further Particulars of (b) Doc	uments
Personnel no: Enter digits Street address: 0000 167 Thabo Sehume St. Pretoria Central Pretoria Postal code: 0002 Postal address: Postal code: Postal code: 00000000000 *Is the injured person a: Regular Employee (Full-Time) *Occupation: Technician *Occupation: Technician *Confirm that the above details are correct: 0 1.13 Days 14 & More 21 Yes No *Confirm that the above details are correct: Yes No	E-mail address:		
Street address: 0000 167 Thabo Sehume St. Pretoria Central Pretoria Postal code: 0002 Postal address: Postal code: Postal code: 0000000000 Tel.no: 0000000000 *Is the injured person a: Regular Employee (Full-Time) *Occupation: Technician *Occupation: 0.13 Days 14 & More *Expected period of disablement (days): 0.13 Days 14 & More *Confirm that the above details are correct: Yes No	Personnel no:	Enter digits	
Postal code: 0002 Postal address:	Street address:	0000 167 Thabo Sehume St. Pretoria Central Pretoria	
Postal address: Postal code: Tel.no: 000000000 *Is the injured person a: Regular Employee (Full-Time) *Occupation: Technician *Period in your employ(years/months): 10 *Expected period of disablement (days): 0.13 Days 14 & More *Confirm that the above details are correct: Yes No Hoo, Please attach a document in section 6 with correct details 10	Postal code:	0002	
Postal code: Image: Complex control of disablement (days): Outcoment (control of disablement (days): *Confirm that the above details are correct: O Yes No	Postal address:		
TeLno: 000000000 *1s the injured person a: Regular Employee (Full-Time) *Occupation: Technician *Period in your employ(years/months): [10 *Expected period of disablement (days): 0.13 Days 0.14 & More *Confirm that the above details are correct: Yes No If No, Please attach a document in section 6 with correct details	Postal code:		
*Is the injured person a: Regular Employee (Full-Time) *Occupation: Technician *Period in your employ(years/months): 10 *Expected period of disablement (days): 0 0.13 Days 0 14 & More *Confirm that the above details are correct: 0 Yes 0 No If No, Please attach a document in section 6 with correct details	Tel.no:	000000000	
*Occupation: Technician *Period in your employ(years/months): 10 *Expected period of disablement (days): 0 0-13 Days 0 14 & More *Confirm that the above details are correct: 0 Yes 0 No If No, Please attach a document in section 6 with correct details	*Is the injured person a:	Regular Employee (Full-Time)	
*Period in your employ(years/months): *Expected period of disablement (days): O -1-3 Days O -14 & More 21 *Confirm that the above details are correct: O Yes No If No, Please attach a document in section 6 with correct details	*Occupation:	Technician	
*Expected period of disablement (days): 0 0-13 Days 0 14 & More 21 *Confirm that the above details are correct: 0 Yes 0 No If No, Please attach a document in section 6 with correct details	*Period in your employ(years/months):	10	_
*Confirm that the above details are correct: O Yes O No If No, Please attach a document in section 6 with correct details	*Expected period of disablement (days):	O 0-13 Days O 14 & More	
If No, Please attach a document in section 6 with correct details	*Confirm that the above details are correct:	O Yes O No	
		If No, Please attach a document in section 6 with correct details	





Step	Action
[21]	Enter 10 in the Period in your employ(years/months) field.

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

A ☆ CompEasy	EMPLOYER'S REPORT OF AN ACCIDENT \sim	Q
	Employer's Report of an Accident	
1 Employer 2 Employee _	3) Accident (4) Further Particulars of Further Particulars (6) Document	5
E-mail address:		
Personnel no:	Enter digits	
Street address:	0000 167 Thabo Sehume St. Pretoria Central Pretoria	
Postal code:	0002	
Postal address:		
Postal code:		
Tel.no:	000000000	
*Is the injured person a:	Regular Employee (Full-Time)	
*Occupation:	Technician V	
*Period in your employ(years/months):	10	
*Expected period of disablement (days):	○ 0-13 Days ○ 14 & More	
*Confirm that the above details are correct:	O Yes 200	
	If No, Please attach a document in section 6 with correct details	



Step	Action
[22]	Click to select the 0-13 Days radio button.







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

8 < 6	≩ CompEasy	EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $	(2
		Employer's Report of an Accident		
1 Employer	2 Employee	3 Accident 4 Further Particulars of5 Further Particulars	6 Documents	
	E-mail address:]	
	Personnel no:	Enter digits		
	Street address:	0000 167 Thabo Sehume St. Pretoria Central Pretoria]	
	Postal code:	0002		
	Postal address:			
	Postal code:			
	Tel.no:	000000000		
	*Is the injured person a:	Regular Employee (Full-Time)		
	*Occupation:	Technician V		
*Period in y	your employ(years/months):	10		
*Confirm that th	enoù or uisablement (uays).	O Val O Na		- 1
		If No. 23 attach a document in section 6 with correct details	5.0	mit Claim
Step	Action			
[23]	Click to sele	ect the Yes radio button.		

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





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

A CompEasy EMPLOYE	ER'S REPORT OF AN ACCIDENT \sim	
En	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4 Further Particulars of 5 Further Particulars 6 Documents	
3. Accident		
*Date of accident (Accident must be reported within 7 days from the accident):	dd.MM ₃₂₃₇₂	
*Time of accident:	Enter time (25)	
Place of accident (City/Town):		
District:		
Province:	×	
Date employee reported accident:	dd.MM.yyyy	
Time pmplouce reported accident	Entrectime	1.0
*What task was the employee performing at the time of accident?:		- 1
Period of experience in the task performed (years/months):	Please enter n'Years and n'Months	- 1
Was the employee's action at the time of the accident in connection with your trade or business?:	O Yes O No	. 1
State the reason why the action was not in line with your Trade/Business:		
*Short description of how the accident occurred:	Refer the machine/process invoved, whether the injured person fell or was struck and all the factors contributing to the accident	
		Claim

The next few steps demonstrate how to answer Accident related Questions.

These questions must be answered as accurately as per possible, as each question informs and determines the next question.

Some of the questions may require additional documentation, for example, if the incident took place on a public road the form WCL226 will be required as additional supporting documentation on the claim that is critical when the claim is Adjudicated.

Step	Action
[25]	Enter 01.10.2020 in the Date of accident field.



1





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

8 < 🏠	ScompEasy EMPLOYE	ER'S REPORT OF AN ACCIDENT \sim	
	En	mployer's Report of an Accident	
1 Employer	2 Employee 3 Accident	4 Further Particulars of (5) Further Particulars (6) Documents	
3. Accident	_		
*Date of acci	ident (Accident must be reported within 7 days from the accident):	0110.2020	
	*Time of accident:	Enter time	
	Place of accident (City/Town):	26	
	District:		
	Province:		
	Date employee reported accident:		
≯ What tael	Ime amountainen accordant?	تواريخ (۲) (۲) (۲) (۲) (۲) (۲) (۲) (۲) (۲) (۲)	
Par	was the employee performing at the time of accuence,	Plassa antar n'Yaars and n'Months	
Was the employe	Veroid of experience in the task performed (years/months): Please enter n Years and n Months Was the employee's arting at the time of the arcrident in connection with Quere Q		
Chata the second	your trade or business?:		
State the reason	why the action was not in line with your Trade/Business:		
	"Short description of now the accident occurred:	Refer the machine/process invoved, whether the injured person fell or was struck and all the factors contributing to the accident.	
_			
Step A	Action		
[26] [Enter 12:44:05 in the Tir	ne of accident field.	

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

A 🖒 🛜 CompEasy EMPLOYI	ER'S REPORT OF AN ACCIDENT \checkmark	Q
Er	mployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4 Further Particulars of 5 Further Particulars 6 Docume	ents
3. Accident		
*Date of accident (Accident must be reported within 7 days from the accident):	01.10.2020	
*Time of accident:	12:44:05	<u>9</u>
Place of accident (City/Town):	Midrand	
District:		
Province:		\sim
Date employee reported accident:	dd.MM.yyyy	
Time employee reported accident:	Enter time	3
*What task was the employee performing at the time of accident?:		
Period of experience in the task performed (years/months):	Please enter n'Years and n'Months	
Was the employee's action at the time of the accident in connection with your trade or business?:	O Yes O No	
State the reason why the action was not in line with your Trade/Business:		
*Short description of how the accident occurred:	Refer the machine/process invoved, whether the injured person fell or was struck and all the factors contributing to the accident	



Enter the Place of accident (City/Town) e.g. Midrand.







Step	Action
[27]	Enter Midrand in the Place of accident (City/Town) field.

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

A CompEasy EMPLOYE	ER'S REPORT OF AN ACCIDENT \checkmark	Q
En	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	Further Particulars of 5 Further Particulars 6 Documents	
3. Accident		
*Date of accident (Accident must be reported within 7 days from the	01.10.2020	
*Time of accident:	12:44:05	Э
Place of accident (City/Town):	Midrand	
District:	Kylami	
Province:	28	~
Date employee reported accident:	dd.MM.yyyy	
Time employee reported accident:	Enter time	Э
*What task was the employee performing at the time of accident?:		
Period of experience in the task performed (years/months):	Please enter n'Years and n'Months	
Was the employee's action at the time of the accident in connection with your trade or business?:	O Yes O No	_
State the reason why the action was not in line with your Trade/Business:		
*Short description of how the accident occurred:	Refer the machine/process invoved, whether the injured person fell or was struck and all the factors contributing to the accident	



Enter the place where the accident occurred, e.g. Kylami in the District field.

Step	Action
[28]	Enter Kylami in the District field.







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

A 🔝 KompEasy EMPLOYE	R'S REPORT OF AN ACCIDENT \sim
En	nployer's Report of an Accident
1 Employer 2 Employee 3 Accident	4) Further Particulars of 5) Further Particulars (6) Documents
3. Accident	
*Date of accident (Accident must be reported within 7 days from the accident):	01.10.2020
*Time of accident:	12:44:05
Place of accident (City/Town):	Midrand
District:	Kylami
Province:	
Date employee reported accident:	dd.MM.yyyy
Time employee reported accident:	Enter time
*What task was the employee performing at the time of accident?:	
Period of experience in the task performed (years/months):	Please enter n'Years and n'Months
Was the employee's action at the time of the accident in connection with your trade or business?:	O Yes O No
State the reason why the action was not in line with your Trade/Business:	
*Short description of how the accident occurred:	Refer the machine/process invoved, whether the injured person fell or was struck and all the factors contributing to the accident



Select the Province where the accident occurred.

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







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

음 🕻 🍙 🔆 CompEasy EMPLOY		
	Invalid entry	
E	T Eastern Cape	
1) Employer 2) Employee 3 Accident	Freestate	
	Gauteng North	
3. Accident	Gauteng South	
	KwaZulu Natal	
	Limpopo	
*Date of accident (Accident must be reported within 7 days from the accident):	Mpumalanga	
*Time of accident:	Northern Cape	
Place of accident (City/Town):	Northwest	
District:	Western Cape	
Province:		
Date employee reported accident:	dd.MM.yyyy	
Time employee reported accident:	Enter time	
*What task was the employee performing at the time of accident?:		- 1
Period of experience in the task performed (years/months):	Please enter n'Years and n'Months	
Was the employee's action at the time of the accident in connection with your trade or business?:	O Yes O No	. 1
State the reason why the action was not in line with your Trade/Business:		
*Short description of how the accident occurred:	Refer the machine/process invoved, whether the injured person fell or was struck and all	
	the factors contributing to the accident	
	Submi	it Claim
Step Action		

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

Click the Province: Gauteng South Gauteng South option to select it.

음 🕻 🏠 🏷 CompEasy EMPLOYI	ER'S REPORT OF AN ACCIDENT $ \sim$	Q
Employer's Report of an Accident		
1 Employer 2 Employee 3 Accident	4 Further Particulars of 5 Further Particulars (6 Document	5
3. Accident		
*Date of accident (Accident must be reported within 7 days from the accident):	01.10.2020	
*Time of accident:	12:44:05	Ð
Place of accident (City/Town):	Midrand	
District:	Kylami	
Province:	Gauteng South	~
Date employee reported accident:	25.09.2020	Ê
Time employee reported accident:	Enter time	Ð
*What task was the employee performing at the time of accident?:	_	
Period of experience in the task performed (years/months):	Please enter n'Years and n'Months	
Was the employee's action at the time of the accident in connection with your trade or business?:	O Yes O No	
State the reason why the action was not in line with your Trade/Business:		
*Short description of how the accident occurred:	Refer the machine/process invoved, whether the injured person fell or was struck and all the factors contributing to the accident	

The date employee reported accident must be in the dd.mm.yyyy format.



[30]



Step	Action
[31]	Enter 25.09.2020 in the Date employee reported accident field.

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

A CompEasy EMPLOYE	:R'S REPORT OF AN ACCIDENT \sim	Q
En	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4) Further Particulars of 5 Further Particulars 6 Documents	
3. Accident		
*Date of accident (Accident must be reported within 7 days from the accident):	01.10.2020	
*Time of accident:	12:44:05	
Place of accident (City/Town):	Midrand	
District:	Kylami	
Province:	Gauteng South V	
Date employee reported accident:	25.09.2020	
Time employee reported accident:	00:00:00	
*What task was the employee performing at the time of accident?:		
Period of experience in the task performed (years/months):	Please enter n'Years and n'Months]
Was the employee's action at the time of the accident in connection with your trade or business?:	O Yes O No	
State the reason why the action was not in line with your Trade/Business:]
*Short description of how the accident occurred:	Refer the machine/process invoved, whether the injured person fell or was struck and all the factors contributing to the accident	



Briefly indicate, **What task was the employee performing at the time of accident?** e.g. Lifting pallets from the truck.

Step	Action
[32]	Enter in the Time employee reported accident field.







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

A CompEasy EMPLOY	'ER'S REPORT OF AN ACCIDENT $ imes $	Q
E	imployer's Report of an Accident	
1 Employer 2 Employee 3 Acciden	t (4) Further Particulars of (5) Further Particulars (6) Dr	ocuments
3. Accident		
*Date of accident (Accident must be reported within 7 days from the accident):	01.10.2020	Ē
*Time of accident:	12:44:05	Ð
Place of accident (City/Town):	Midrand	
District:	Kylami	
Province:	Gauteng South	~
Date employee reported accident:	25.09.2020	
Time employee reported accident:	oþ:00:00	Ð
*What task was the employee performing at the time of accident?	lifting the pallet from the truck	
Period of experience in the task performed (years/months):	Please enter n'Years and n'Months	
Was the employee's action at the time of the accident in connection with your trade or business?:	O Yes O No	
State the reason why the action was not in line with your Trade/Business:		
*Short description of how the accident occurred:	Refer the machine/process invoved, whether the injured person fell or was struck and all the factors contributing to the accident	

Step	Action
[33]	Enter lifting the pallet from the truck in the What task was the employee performing at the time of accident? field.

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

A CompEasy EMPLOY	ER'S REPORT OF AN ACCIDENT \checkmark	Q
Er	nployer's Report of an Accident	
1 Employee 3 Accident	4) Further Particulars of 5 Further Particulars (6) Docum	ents
3. Accident		
*Date of accident (Accident must be reported within 7 days from the accident):	01.10.2020	
*Time of accident:	12:44:05	Ð
Place of accident (City/Town):	Midrand	
District:	Kylami	
Province:	Gauteng South	\sim
Date employee reported accident:	25.09.2020	
Time employee reported accident:	00:00:00	Ð
*What task was the employee performing at the time of accident?:	lifting the pallet from the truck	
Period of experience in the task performed (years/months):	5 years	
Was the employee's action at the time of the accident in connection with your trade or business?:	O Yes O No 34	
State the reason why the action was not in line with your Trade/Business:		
*Short description of how the accident occurred:	Refer the machine/process invoved, whether the injured person fell or was struck and all the factors contribution to the accident	









Enter the 'Years and Months' in the Period of experience in the task performed field.

Step	Action
[34]	Enter 5 years in the Period of experience in the task performed (years/months) field.

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

A 🖒 😚 CompEasy EMPLOYE	ER'S REPORT OF AN ACCIDENT $ \!$	Q
Employer's Report of an Accident		
1 Employer 2 Employee 3 Accident	4 Further Particulars of - (5) Further Particulars - (6) Document	5
3. Accident		
*Date of accident (Accident must be reported within 7 days from the	01.10.2020	
*Time of accident:	12:44:05	Ð
Place of accident (City/Town):	Midrand	
District:	Kylami	
Province:	Gauteng South	\sim
Date employee reported accident:	25.09.2020	**
Time employee reported accident:	00:00:00	Ð
*What task was the employee performing at the time of accident?:	lifting the pallet from the truck	
Period of experience in the task performed (years/months):	5 years	_
Was the employee's action at the time of the accident in connection with your trade or business?:		
State the reason why the action was not in line with your Trade/Business:	35	
*Short description of how the accident occurred:	Refer the machine/process invoved, whether the injured person fell or was struck and all	
	the factors contributing to the accident	Submit Claim
Step Action		
[35] Click to select the Yes	Ves radio button.	







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

A CompEasy EMPLOY	ER'S REPORT OF AN ACCIDENT $ \!$	Q
E	mployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4 Further Particulars of 6 Documents	
3. Accident		
*Date of accident (Accident must be reported within 7 days from the	01.10.2020	
*Time of accident:	12:44:05	9
Place of accident (City/Town):	Midrand	
District:	Kylami	
Province:	Gauteng South	~
Date employee reported accident:	25.09.2020	
Time employee reported accident:	00:00:00	9
*What task was the employee performing at the time of accident?:	lifting the pallet from the truck	_
Period of experience in the task performed (years/months):	5 years	
Was the employee's action at the time of the accident in connection with your trade or business?:	● Yes ◯ No	
*Short description of how the accident occurred:	Refer the machine/process invoved, whether the injured person fell or was struck and all the factors contributing to the accident	36
* 0 · · · · · · · · · · · ·	 _	<u> </u>
Otan Asting		
Step Action		

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

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

A CompEasy EMPLOYE	R'S REPORT OF AN ACCIDENT \sim	Q	
Employer's Report of an Accident			
1 Employer 2 Employee 3 Accident	4 Employee - 5 Further Particulars - 6 Document	ts	
*Time of accident:	12:44:05	Ð	
Place of accident (City/Town):	Midrand		
District:	Kylami		
Province:	Gauteng South	\sim	
Date employee reported accident:	25.09.2020		
Time employee reported accident:	00:00:00	Ð	
*What task was the employee performing at the time of accident?:	lifting the pallet from the truck		
Period of experience in the task performed (years/months):	5 years		
Was the employee's action at the time of the accident in connection with your trade or business?:	● Yes ○ No		
*Short description of how the accident occurred:	Refer the machine/process invoved, whether the injured person fell or was struck and all the factors contributing to the accident		
*Contributing Factors/Causes:	37	\sim	
Specify other machinery or contributing factors:	9		
*Was the accident a traffic accident on a public road?:	O Yes O No		
*Was the Employee traveling to or from work:			
		Submit Claim	



[36]

Give the short description of how the accident occurred, e.g. Fell while lifting the pallet. The system will indicate to the user if he has exceeded number of characters required.







Step	Action
[37]	Enter Fell whilst lifting the pallet in the Short description of how the accident occurred field.

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

A ← A CompEasy EMPLOYI	ER'S REPORT OF AN ACCIDENT \sim	Q
Er	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4) Further Particulars of 5 Further Particulars (6) Documents	
*Time of accident:	12:44:05	Э
Place of accident (City/Town):	Midrand	
District:	Kylami	
Province:	Gauteng South	~
Date employee reported accident:	25.09.2020	
Time employee reported accident:	00:00:00	Э
*What task was the employee performing at the time of accident?:	lifting the pallet from the truck	
Period of experience in the task performed (years/months):	5 years	
Was the employee's action at the time of the accident in connection with your trade or business?:	● Yes ○ No	
*Short description of how the accident occurred:	Fell whilst lifting the pallet	
*Contributing Factors/Causes:		× .
Specify other machinery or contributing factors:	38)	
*Was the accident a traffic accident on a public road?:	O Yes O No	
*Was the Employee traveling to or from work:		

Step	Action
[38]	Enter in the Contributing Factors/Causes field.







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

A CompEasy EMPLOY	ER'S REPORT OF AN ACCIDENT \sim	Q
E	mployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	Further Particulars of5 Further Particulars 6 Documents	
*Time of accident:	12:44:05	1
Place of accident (City/Town):	Midrand	
District:	Kylami	
Province:	Gauteng South V	
Date employee reported accident:	25.09.2020	i l
Time employee reported accident:	00:00:00	1
*What task was the employee performing at the time of accident?:	lifting the pallet from the truck	
Period of experience in the task performed (years/months):	5 years	
Was the employee's action at the time of the accident in connection with your trade or business?:	• Yes 🔿 No	
*Short description of how the accident occurred:	Fell whilst lifting the pallet	
		_
*Contributing Factors/Causes:		1
Specify other machinery or contributing factors:	Invatid entry	39
*Was the accident a traffic accident on a public road?:	O Yes O No	\cup
*Was the Employee traveling to or from work:]
	_	ubmit Claim
Step Action		
[39] Click the Contributing F available list.	Factors/Courses: drop down option I	buttoi

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

A CompEasy EMPLOY	Invalid entry	a,
	Unknown	
E	1 40 jing	
1 Employer 2 Employee 3 Accident	Burns	
	Defective machine	
*Time of accident:	Chemicals	
Place of accident (City/Town):	Defective plant	
District:	Electricity	
Province:	Explosions	
Date employee reported accident:	Fault of employer	
Time employee reported accident:	Fault of injured employee	
*What task was the employee performing at the time of accident?:	Fault of supervisor	1
Period of experience in the task performed (years/months):	lifting machine	
Was the employee's action at the time of the accident in connection with	Poisioning	
*Short description of how the accident occurred:	Press/Rollers	
	Railways	
*Contributing Factors/Causes:		
Specify other machinery or contributing factors:		
*Was the accident a traffic accident on a public road?:	O Yes O №	
*Was the Employee traveling to or from work:		
	1	Submit Claim
Step Action		
[40] Click to select the Unkne	own 🗆 checkbox.	
COMPENSATION MADE EASY USER	28	



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

A CompEasy EMPLOYE	Invalid entry	2
	Unknown	
En	Building	
1 Employer 2 Employee 3 Accident	Burns	
	Defective machine	
*Time of accident:	Chemicals	
Place of accident (City/Town):	Defective plant	
District:	Electricity	
Province:	Explosions	
Date employee reported accident:	Fault of employer	
Time employee reported accident:	Fault of injured employee	1
*What task was the employee performing at the time of accident?:	Fault of supervisor	
Period of experience in the task performed (years/months):	Ulfting machine	
Was the employee's action at the time of the accident in connection with	Poisioning	
*Short description of how the accident occurred:	Press/Rollers	
	Railways	
*Contributing Factors/Causes:	Unknown 🛞	41
Specify other machinery or contributing factors:		
*Was the accident a traffic accident on a public road?:	O Yes O No	
*Was the Employee traveling to or from work:		
	State	omit Claim

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

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

A ☆ CompEasy EMPLOYE	Invalid entry	L
Em	Electricity	
	Explosions	
1 Employer 2 Employee 3 Accident	Fault of employer	
- accidenty.	Fault of injured employee	
*Time of accident:	Fault of supervisor	
Place of accident (City/Town):	lifting machine	
District:	Poisioning	
Province:	Press/Rollers	
Date employee reported accident:	Railways	
Time employee reported accident:	Unfavourable conditions	
*What task was the employee performing at the time of accident?:	Woodworking machine	
Period of experience in the task performed (years/months):	Other machinery	
Was the employee's action at the time of the accident in connection with your trade or business?:	Other factors	
*Short description of how the accident occurred:	Hand tools	
	Any other contributing factors	
*Contributing Factors/Causes:		
Specify other machinery or contributing factors:		
*Was the accident a traffic accident on a public road?:	O Yes O No	-
*Was the Employee traveling to or from work:		
	Subr	mit Claim
Step Action		
[42] Click to select the Any o	ther contributing factors 🗖 checkbox.	
		*
COMPENSATION MADE EASY USET	29	Compensation Fund



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

A 🔝 ScompEasy EMPLOYE	:R'S REPORT OF AN ACCIDENT \sim	Q
En	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4) Further Particulars of 5 Further Particulars 6 Documents	
*Time of accident:	12:44:05	Э
Place of accident (City/Town):	Midrand	
District:	Kylami	
Province:	Gauteng South	~
Date employee reported accident:	25.09.2020	
Time employee reported accident:	00:00:00	9
*What task was the employee performing at the time of accident?:	lifting the pallet from the truck	
Period of experience in the task performed (years/months):	5 years	
Was the employee's action at the time of the accident in connection with your trade or business?:	● Yes ○ No	
*Short description of how the accident occurred:	Fell whilst lifting the pallet	
*Contributing Factors/Causes:	Unknown 🛞 Any other contributing factors 🛞	~
Specify other machinery or contributing factors:	slippery floor	
*Was the accident a traffic accident on a public road?:	O Yes O No	
*Was the Employee traveling to or from work:	(43)	
		Submit Claim



Specify other machinery or contributing factors that led to the accident e.g. Slippery floor.

Step	Action
[43]	Enter slippery floor in the Specify other machinery or contributing factors field.







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

A CompEasy EMPLOYE	R'S REPORT OF AN ACCIDENT \checkmark	Q
En	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4) Further Particulars of 5 Further Particulars (6) Documents	
*Time of accident:	12:44:05	Э
Place of accident (City/Town):	Midrand	
District:	Kylami	
Province:	Gauteng South	~
Date employee reported accident:	25.09.2020	3
Time employee reported accident:	00:00:00	9
*What task was the employee performing at the time of accident?:	lifting the pallet from the truck	
Period of experience in the task performed (years/months):	5 years	
Was the employee's action at the time of the accident in connection with your trade or business?:	● Yes ○ No	
*Short description of how the accident occurred:	Fell whilst lifting the pallet	
*Contributing Factors/Causes:	Unknown 🛞 Any other contributing factors 🛞	<u>~</u>
Specify other machinery or contributing factors:	slippery floor	
*Was the accident a traffic accident on a public road?:	O Yes O No	
*Was the Employee traveling to or from work:	44	



Select No, if the accident was not a Traffic accident.

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







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

A CompEasy EMPLOYE	R'S REPORT OF AN ACCIDENT \checkmark	Q
Err	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4) Further Particulars of 5 Further Particulars (6) Documents	
*Time of accident:	12:44:05	9
Place of accident (City/Town):	Midrand	
District:	Kylami	
Province:	Gauteng South	\sim
Date employee reported accident:	25.09.2020	•••
Time employee reported accident:	00:00:00	Ð
*What task was the employee performing at the time of accident?:	lifting the pallet from the truck	
Period of experience in the task performed (years/months):	5 years	
Was the employee's action at the time of the accident in connection with your trade or business?:	● Yes ○ No	
*Short description of how the accident occurred:	Fell whilst lifting the pallet	
*Contributing Factors/Causes:	Unknown 🛞 Any other contributing factors 🛞	~
Specify other machinery or contributing factors:	slippery floor	
*Was the accident a traffic accident on a public road?:	O Yes 💽 No	45
*Nature of injury sustained(e.g. index finger of right hand crushed):		
		Submit Claim

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

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

A CompEasy EMPLOYE	R'S REPORT OF AN ACCIDENT \sim	Q
En	ployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4 Further Particulars of 5 Further Particulars 6 Documents	
Was the employee's action at the time of the accident in connection with your trade or business?:		
*Short description of how the accident occurred:	Fell whilst lifting the pallet	
*Contributing Factors/Causes:	Unknown 🛞 Any other contributing factors 🛞	·
Specify other machinery or contributing factors:	slippery floor	
*Was the accident a traffic accident on a public road?:	🔿 Yes 💿 No	
*Nature of injury sustained(e.g. index finger of right hand crushed):	back injury	
*Mark any of the following when applicable:	Invalid entry 46	-
*Are you satisfied that the employee was injured in the manner alleged by	O Yes O No	
*If not, give reasons:		
Was the injury sustained as a result of an assault?:	O Yes O No	

Enter the Nature of injury sustained (for an example, index finger of right hand crushed).







Step	Action
[46]	Enter back injury in the Nature of injury sustained field.

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

	ER'S REPORT OF AN ACCIDENT V	Q
E	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	(4) Further Particulars of (5) Further Particulars (6) Documents	
Was the employee's action at the time of the accident in connection with your trade or business?:	Yes No	
*Short description of how the accident occurred:	Fell whilst lifting the pallet	
*Contributing Factors/Causes:	Unknown 🛞 Any other contributing factors 🛞	
Specify other machinery or contributing factors:	slippery floor	
*Was the accident a traffic accident on a public road?:	🔾 Yes 💿 No	
*Nature of injury sustained(e.g. index finger of right hand crushed):	back injury]
*Mark any of the following when applicable:	· · · · · · · · · · · · · · · · · · ·]
*Are you satisfied that the employee was injured in the manner alleged by him?:	O Yes O No	47
*If not, give reasons:]
Was the injury sustained as a result of an assault?:	O Yes O No	

Step	Action
[47]	Click the Mark any of the following when applicable: drop down option button to display the available list.







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

Employer's Report of an Accident 1 Employee 3 Accident 1 Employee's action at the time of the accident in connection with your trade or business? Invalid entry Was the employee's action at the time of the accident in connection with your trade or busines? Invalid entry *Short description of how the accident occurred Nation accident at traffic accident or a public road? *Contributing Factors/Causes Burns Specify other machinery or contributing factors? Amputation *Was the accident a traffic accident on a public road? Multi Trauma *Mark any of the following when applicable Ofter *Mark any of the following when applicable Ofter *Inval Ofter *Inval Ofter *Inval Offer	Imployer's Report of an Accident Imployer Imployer Imployer's Report of an Accident Imployer's Report of an Accident an applications Imployer's Report of any applications Imployer's Report of any applications Imployer's Report of any applications Impl	A 🏠 KompEasy EMPLOYE	R'S REPORT OF AN ACCIDENT $ \smallsetminus $	Q
1) Employer 2) Employee 3) Accident Invalid entry Invalid entry Loss of Consciousness Head Injury Was the employee's action at the time of the accident in connection with your trade or business; Loss of Consciousness Head Injury *Contributing Factors/Causes: Burns Manutation *Contributing Factors/Causes: Burns Manutation *Was the accident a traffic accident on a public road; Multi Trauma 48 *Mark any of the following when applicable: Other Killed *Are you satisfied that the employee was injured in the manner alleged by Init? No Ver No *If not, give reasons: *If not, give reasons: No No	1 Employe 2 Employe 3 A cider Was the employee's action at the time of the accident concertion with your trade or business? • Thord description of how the accident concertion with accident concertion with a concert	Err	ployer's Report of an Accident	
Los of Consciousness Head Injury *Short description of how the accident occurred *Contributing Factors/Causes Burns *Contributing Factors/Causes Burns *Post he accident a traffic accident on a public road? *Was the accident a traffic accident on a public road? *Nature of injury sustained(e.g. index finger of right hand crushed) *Mark any of the following when applicable: *Are you satisfied that the employee was injured in the manore alleged by him? *Are you satisfied that the employee was injured in the manore alleged by him? *Was the accident of the following when applicable: *Are you satisfied that the employee was injured in the manore alleged by him? *Was the injury surstained as a reading the one accident on a public road? *Was the injury surstained as a reading the anore alleged by him? *Are you satisfied that the employee was injured in the manore alleged by him? *Was the injury surstained as a reading the one accident on a public read? *Was the injury surstained as a reading the one accident on a public read? *Was the injury surstained as a reading the one accident one accident on a public read? *Was the injury surstained as a reading the one accident one acci	Uses of Consciousness	1 Employer 2 Employee 3 Accident	Further Darticulare of Invalid entry	
*Short description of how the accident occurred: Spine Injury Multi Trauma Burns Amputation *Was the accident a traffic accident on a public road? *Mark any of the following when applicable: *Are you satisfied that the employee was injured in the manner alleged by Mark any of the following when applicable: *Are you satisfied that the employee was injured in the manner alleged by *Are you satisfied that the employee was injured in the manner alleged by *Mark any of the following when applicable: *Mark any of the following when applicable: *Mar	*Short description of how the accident occurred *Contributing Factors/Causes Specify other machinery or contributing factors: *Was the accident a traffic accident on a public noad?: *Was the accident a traffic accident on a public noad?: *Mark any of the following when applicable: *Are you satisfied that the employee was injured in the manner alleged by hort, *If not, give reasons: Was the injury sustained as a result of an assauti?: * Yes No	Was the employee's action at the time of the accident in connection with your trade or business?:	Loss of Consciousness Head Injury	
*Contributing Factors/Causes: Specify other machinery or contributing factors: *Was the accident a traffic accident on a public road?: *Nature of injury sustained(e.g. index finger of right hand crushed): *Mark any of the following when applicable: *Are you satisfied that the employee was injured in the manner alleged by imfr: *If not, give reasons: Was the loiving unstained as a security of an assault? Was the loiving unstained as a security of an assault? *Are you satisfied that the employee was injured in the manner alleged by imfr: *If not, give reasons: *If	*Contributing Factors/Causes: Specify other machinery or contributing factors: Specify other machinery or contributing factors: *Was the accident on a public road?: *Was the accident finger of right hand crushed): *Mark any of the following when applicable: *Are you satisfied that the employee was injured in the maner allegad by *Mark any of the following when applicable: *If not, give reasons: Was the injury sustained as a result of an assault?: •Yes O No	*Short description of how the accident occurred:	Spine Injury	
Specify other machinery or contributing factors: *Was the accident a traffic accident on a public road?: *Nature of injury sustained(e.g. index finger of right hand crushed): *Mark any of the following when applicable: *Are you satisfied that the employee was injured in the manner alleged by him?: *It not, give reasons: Was the injury sustained as a securit? Or yos O No	Specify other machinery or contributing factors: *Was the accident a traffic accident on a public road?: *Nature of injury sustained(e.g. index finger of right hand crushed): *Mark any of the following when applicable: *Are you satisfied that the employee was injured in the manner alleged by him?: *If not, give reasons: Was the injury sustained as a result of an assault?: Yes O No	*Contributing Factors/Causes:	Multi Trauma Burns	
*Was the accident a traffic accident on a public road?: Other *Nature of injury sustained(e.g. index finger of right hand crushed): Killed *Mark any of the following when applicable: *Mark any of the following when applicable: *Are you satisfied that the employee was injured in the manner alleged by him?: *If not, give reasons: *If not, give reasons: Was the injury sustained as a secult of an assault? Yes No No *If not, give reasons: Yes No No Yes No No Yes No No Yes No <	*Mas the accident a traffic accident on a public road?: Other *Nature of injury sustained(e.g. index finger of right hand crushed): Killed *Mark any of the following when applicable: Ves *Are you satisfied that the employee was injured in the manner alleged by hin?: Yes *If not, give reasons: Ves Was the injury sustained as a result of an assault?: Ves	Specify other machinery or contributing factors:	Amputation	
*Are you satisfied that the employee was injured in the manner alleged by him? *Are you satisfied that the employee was injured in the manner alleged by him? *Are you satisfied that the employee was injured in the manner alleged by him? *Are you satisfied that the employee was injured in the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was injured by the manner alleged by him? *Are you satisfied that the employee was inju	*Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured in the manner alleged by him?: *Are you satisfied that the employee was injured by him?: *Are you satisfied that the employee was injured by him?: *Are you satisfied that the employee was injured by him?: *Are you satisfied that the employee was injured by him?: *Are you satisfied that the	*Was the accident a traffic accident on a public road?:	Other	
*Are you satisfied that the employee was injured in the manner alleged by him?:	*Are you satisfied that the employee was injured in the manner alleged by him?: • Yes • No *If not, give reasons: *If not, give reasons: Was the injury sustained as a result of an assault?: • Yes • No	*Mark any of the following when applicable:		
*If not, give reasons:	*If not, give reasons: Was the injury sustained as a result of an assault?: O Yes O No	*Are you satisfied that the employee was injured in the manner alleged by him?:	O Yes O No	
Was the initial set are used of an assault? \bigcirc Voc \bigcirc No	Was the injury sustained as a result of an assault?: O Yes O No	*If not, give reasons:		
the high sustained as a result of an assumer.		Was the injury sustained as a result of an assault?:	O Yes O No	

Step	Action	
[48]	Click the Mark any of the following when applicable: Spine Injury option to select it.	Spine Injury

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

A ☆ ☆ CompEasy EMPLOYI	ER'S REPORT OF AN ACCIDENT \checkmark	Q
Er	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	Further Particulars of Further Particulars Documents Further Particulars Documents	
Was the employee's action at the time of the accident in connection with your trade or business?:	⊙ Yes ◯ No	
*Short description of how the accident occurred:	Fell whilst lifting the pallet	
*Contributing Factors/Causes:	Unknown 🛞 Any other contributing factors 🛞	~
Specify other machinery or contributing factors:	slippery floor	
*Was the accident a traffic accident on a public road?:	🔿 Yes 💿 No	
*Nature of injury sustained(e.g. index finger of right hand crushed):	back injury	
*Mark any of the following when applicable:	Spine Injury	~
*Are you satisfied that the employee was injured in the manner alleged by him?:	O Yes O No	
*If not, give reasons:	49	
Was the injury sustained as a result of an assault?:	O Yes O No	
		Submit Claim







External Claim Registration

1	Select Yes, if you satisfied that the Employee was injured in the manner alleged.

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

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

A CompEasy EMPLOYE	R'S REPORT OF AN ACCIDENT $ imes $	Q
En	ployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4 Further Particulars of 5 Further Particulars (6 Documents	
Period of experience in the task performed (years/months):	5 years	
Was the employee's action at the time of the accident in connection with your trade or business?:	⊙ Yes ○ No	
*Short description of how the accident occurred:	Fell whilst lifting the pallet	
*Contributing Factors/Causes:	Unknown 🛞 Any other contributing factors 🛞	
Specify other machinery or contributing factors:	slippery floor	
*Was the accident a traffic accident on a public road?:	🔿 Yes 💿 No	
*Nature of injury sustained(e.g. index finger of right hand crushed):	back injury	
*Mark any of the following when applicable:	Spine Injury	
*Are you satisfied that the employee was injured in the manner alleged by him?	💽 Yes 🔘 No	
Was the injury sustained as a result of an assault?:		
	<u>(50)</u>	



Select No, if the injury sustained was not as a result of an assault.

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







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

A CompEasy EMPLOY	ER'S REPORT OF AN ACCIDENT \checkmark	Q
Er	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4 Further Particulars of 5 Further Particulars 6 Docume	nts
Period of experience in the task performed (years/months):	5 years	
Was the employee's action at the time of the accident in connection with your trade or business?:	● Yes ◯ No	
*Short description of how the accident occurred:	Fell whilst lifting the pallet	
*Contributing Factors/Causes:	Unknown 🛞 Any other contributing factors 🛞	~
Specify other machinery or contributing factors:	slippery floor	
*Was the accident a traffic accident on a public road?:	🔿 Yes 💿 No	
*Nature of injury sustained(e.g. index finger of right hand crushed):	back injury	
*Mark any of the following when applicable:	Spine Injury	\sim
*Are you satisfied that the employee was injured in the manner alleged by him?:	● Yes ◯ No	
Was the injury sustained as a result of an assault?:	Ves O No	
Step 4		
Step Action		

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

button to go to the next page.

Step 4

Click the Step 4

A CompEasy EMPLOYE	YER'S REPORT OF AN ACCIDENT \sim Q	
En	imployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	E Further Particulars of Further Particulars 6 Documents	
4. Further Particulars of Employee		
Earnings of employee at the time of accident: *(Attach copy of payslip as a	at time of accident in section 6.	
Basic earning:	R/Week R/Month	
Gross cash earnings:(including average payments for overtime and/or \ldots :	(52)	
Allowance of a Recurrent nature:Bonuses (13th Cheque):		
Allowance of a recurrent nature:Other allowances (Specify nature):		
Cash value of free food:		
Cash value of free quarters:		
Other payment in kind (specify nature):		
		- 1
In terms of section 47 of the Act an employer is obliged to pay an employee f	full compensation for the first three months of absence	
*Are you prepared to make further compensation payments after the first	O Yes O No	



[51]





1	Employer can either choose to capture the Earnings either weekly or monthly.

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

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

A < A ≩ CompEasy EMPLOYE	ER'S REPORT OF AN ACCIDENT V	2
Err	mployer's Report of an Accident	
(1) Employer (2) Employee (3) Accident	Employee Further Particulars of G Documents	
4. Further Particulars of Employee		
Earnings of employee at the time of accident: *(Attach copy of payslip as a	at time of accident in section 6.	
Basic earning:	R/Week R/Month	
Gross cash earnings:(including average payments for overtime and/or \ldots :	10000	
Allowance of a Recurrent nature:Bonuses (13th Cheque):	R/Month 53	
Allowance of a recurrent nature:Other allowances (Specify nature):	R/Month	
Cash value of free food:	R/Month	
Cash value of free quarters:	R/Month	
Other payment in kind (specify nature):	R/Month	
In terms of section 47 of the Act an employer is obliged to pay an employee fi	full compensation for the first three months of absence	
interne el section i i el ner la chipte je le setges te paj an emprejer i		
*Are you prepared to make further compensation payments after the first		
Are you prepared to make routed compensation payments after the first		mit Claim

C		
	4	

The gross cash earnings including average payments for overtime and/or commission of a constant character R/Month.

Step	Action
[53]	Enter 10000 in the Gross cash earnings: field.







[54]

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

A CompEasy EMPLOYE	R'S REPORT OF AN ACCIDENT \smallsetminus		۹
En	ployer's Report of an Accident		
1 Employer 2 Employee 3 Accident	Further Particulars of Employee	5 Further Particulars — 6 Docu	ments
4. Further Particulars of Employee			
Earnings of employee at the time of accident: *(Attach copy of payslip as a	t time of accident in section 6.		
Basic earning:	O R/Week R/Month		
Gross cash earnings: (including average payments for overtime and/or \ldots :	10000	0	
Allowance of a Recurrent nature:Bonuses (13th Cheque):	R/Mo	onth	
Allowance of a recurrent nature:Other allowances (Specify nature):	R/Mo	onth	
Cash value of free food:	R/Mo	onth	
Cash value of free quarters:	R/Mo	onth	
Other payment in kind (specify nature):	Other payment in kind (specify nature): R/Month		_
In terms of section 47 of the Act an employer is obliged to pay an employee f	all compensation for the first three months of absence	ce	
			(54)
*Are you prepared to make further compensation payments after the first	O Yes O No		
Step Action			

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

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

	Employer's R	eport of an Accident		
nployer 2 Employee	3 Accident	Further Particulars of Employee	- 5 Further Particulars — 6 Doc	uments
er Particulars of Employee				
Earnings of employee at the time of accident: *(Attach co	opy of payslip as at time of acc	ident in section 6.		
	Basic earning: OR/Wee	k 💿 R/Month		
Gross cash earnings:(including average payments for ove	ertime and/or :		10000	
Gross cash earnings:(including average payments for ove Allowance of a Recurrent nature:Bonuse	ertime and/or :		10000 <i>R/Month</i>	
Gross cash earnings:(including average payments for ove Allowance of a Recurrent nature:Bonuse Allowance of a recurrent nature:Other allowances	ertime and/or : s (13th Cheque): (Specify nature):		10000 <i>R/Month</i>	
Gross cash earnings:(including average payments for ove Allowance of a Recurrent nature:Bonuse Allowance of a recurrent nature:Other allowances Cash vi	ertime and/or : s (13th Cheque): (Specify nature): alue of free food:		10000 R/Month 0 R/Month	
Gross cash earnings:(including average payments for ove Allowance of a Recurrent nature:Bonuse Allowance of a recurrent nature:Other allowances Cash value Cash value	ertime and/or :s s (13th Cheque): (Specify nature): alue of free food: of free quarters:		10000 <i>R/Month</i> 0 <i>R/Month R/Month</i>	
Gross cash earnings:(including average payments for ove Allowance of a Recurrent nature:Bonuse Allowance of a recurrent nature:Other allowances Cash value Cash value Other payment in kind	ertime and/or : (Specify nature): (Specify nature): (of free food: (specify nature): (specify natu		10000 [7/Month [0] [7/Month [7/Month [7/Month	
Gross cash earnings:(including average payments for ove Allowance of a Recurrent nature:Bonuse Allowance of a recurrent nature:Other allowances Cash value Cash value Other payment in kind	artime and/or : s (13th Cheque): (Specify nature): alue of free food: of free quarters: (specify nature):		10000 [7/Month [9] [7/Month [7/Month [7/Month	





Step	Action
[55]	Enter 0 in the Allowance of a recurrent nature: Bonus (13th Cheque) field.

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

8	く 命	<mark>≩ CompEasy</mark>	EMPLOYER'S	REPORT OF AN ACCIDENT \vee		٩
			Employ	ver's Report of an Accident		
	mployer	2 Employee	3 Accident	Employee	- 5 Further Particulars - 6	Documents
4. Furtl	her Particul	ars of Employee				
4. Furtl	her Particul	ars of Employee	tach copy of payslip as at time	of accident in section 6.		
4. Furtl	her Particul	ars of Employee	tach copy of payslip as at time Basic earning: 〇	of accident in section 6. R/Week R/Month		

Gross cash earnings:(including average payments for overtime and/o		10000	
Allowance of a Recurrent nature:Bonuses (13th Che	lue):	0]
Allowance of a recurrent nature:Other allowances (Specify nat	ure):	0	Y
Cash value of free	pod:	R/Month	
Cash value of free qua	ters:	R/Month]
Other payment in kind (specify nat	ure):	R/Month]
In terms of section 47 of the Act an employer is obliged to pay an employer	yee full compensation for the first three months o	fabsence	

Step	Action
[56]	Enter 0 in the Allowance of a recurrent nature: Other allowances (Specify nature) R/Month field.







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

<u>گ</u> ک	CompEasy EMPLOYE	:R'S REPORT OF AN ACCIDENT \sim		Q
	En	ployer's Report of an Accident		
1 Employer —	2 Employee 3 Accident	Further Particulars of Employee	- 5 Further Particulars — 6 Docume	nts
4. Further Particu	llars of Employee			
Earnings of er	mployee at the time of accident: *(Attach copy of payslip as al	t time of accident in section 6.		
	Basic earning:	R/Week • R/Month		
Gross cash ea	arnings:(including average payments for overtime and/or \dots :		10000	
	Allowance of a Recurrent nature:Bonuses (13th Cheque):		0	
Allowa	nce of a recurrent nature:Other allowances (Specify nature):		0	
	Cash value of free food:		0	
	Cash value of free quarters:		R/Month 57	
	Other payment in kind (specify nature):		R/Month	
In terms of section	on 47 of the Act an employer is obliged to pay an employee fi	ull compensation for the first three months of a	ibsence	
				Submit Claim
				Submit Claim
Step	Action			
[57]	Enter 0 in the Cash valu	e of free food R/M	onth field.	

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

A CompEasy EMPLOYE	R'S REPORT OF AN ACCIDENT \sim		Q
En	nployer's Report of an Accident		
1 Employer 2 Employee 3 Accident	Further Particulars of Employee	- 5 Further Particulars — 6 Document	5
4. Further Particulars of Employee			
Earnings of employee at the time of accident: *(Attach copy of payslip as at	t time of accident in section 6.		
Basic earning:	🔿 R/Week 💿 R/Month		
Gross cash earnings:(including average payments for overtime and/or \ldots :		10000	
Allowance of a Recurrent nature:Bonuses (13th Cheque):		0	
Allowance of a recurrent nature: Other allowances (Specify nature):		0	
Cash value of free food:		0	
Cash value of free quarters:		0	
Other payment in kind (specify nature):		R/Month 58	
In terms of section 47 of the Act an employer is obliged to pay an employee fi	ull compensation for the first three months of	absence	
			Submit Claim

Step	Action
[58]	Enter 0 in the Cash value of free quarters R/Month field.







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

A CompEasy EMPLOYE	R'S REPORT OF AN ACCIDENT \vee		Q
En	ployer's Report of an Accident		
(1) Employer (2) Employee (3) Accident	Further Particulars of – (5 Further Particulars — 6 Documents	
 Further Particulars of Employee 			
			_
Earnings of employee at the time of accident: *(Attach copy of payslip as a	t time of accident in section 6.		
Basic earning:	○ R/Week		
Gross cash earnings:(including average payments for overtime and/or \ldots :	1000	00	
Allowance of a Recurrent nature:Bonuses (13th Cheque):	0		
Allowance of a recurrent nature:Other allowances (Specify nature):	0		
Cash value of free food:	0		
Cash value of free quarters:	Q		
Other payment in kind (specify nature):	0		
		59	
In terms of section 47 of the Act an employer is obliged to pay an employee f	ull compensation for the first three months of absen	ce	
			Submit Claim
			oubline orallin
Step Action			

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

Enter 0 in the Other payment in kind (specify nature) R/Month field.

음 🕻 🍙 ဲ CompEasy EMPLOY	ER'S REPORT OF AN ACCIDENT \smallsetminus		Q
E	nployer's Report of an Accident		
1 Employer 2 Employee 3 Accident	Further Particulars of Employee	- 5 Further Particulars — 6 Documents	
1. Further Particulars of Employee			
Earnings of employee at the time of accident: *(Attach copy of payslip as a	at time of accident in section 6.		
Basic earning:	O R/Week R/Month		
Gross cash earnings:(including average payments for overtime and/or \ldots :		10000	
Allowance of a Recurrent nature:Bonuses (13th Cheque):		0	
Allowance of a recurrent nature:Other allowances (Specify nature):		0	
Cash value of free food:		0	
Cash value of free quarters:		0	
Other payment in kind (specify nature):		0	
In terms of section 47 of the Art an amployer is oblided to hav an amployee	full compensation for the first three months of	absance	60
interns of section +7 of the Act an employer is obliged to pay an employee	au compensation for the list three months of	absence	

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



[59]





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

음 < 🏠 ScompEasy EMPLOYI	ER'S REPORT OF AN ACCIDENT \checkmark	Q
Er	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4 Employee - 5 Further Particulars 6 Documents	
In terms of section 47 of the Act an employer is obliged to pay an employee	full compensation for the first three months of absence	
*Are you prepared to make further compensation payments after the first three months from the date of the accident?: If you have already paid cash (earnings) to the employee state the total	O Yes O No	
For what period were such payment made? From:	dd.MM.yyyy	
Number of days per week worked by the employee:		~
Date on which the employee ceased work due to accident:	dd.MM.yyyy	
Did the employee complete his shift on the day that he ceased work?:	O Yes O No	
Date on which the employee resumed work:	dd.MM.yyyy	
If the employee was killed in the accident, state name and address of dependent of the employee:		



Select Yes, if you are prepared to make further compensation payments after the first three(3) months from the Date of Accident.

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





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

A CompEasy EMPLOY	ER'S REPORT OF AN ACCIDENT \lor
Er	nployer's Report of an Accident
1) Employer (2) Employee (3) Accident	Employee Further Particulars 6 Documents
In terms of section 47 of the Act an employer is obliged to pay an employee	full compensation for the first three months of absence
*Are you prepared to make further compensation payments after the first three months from the date of the accident?:	● Yes ○ No
If you have already paid cash (earnings) to the employee,state the total amount R:	NA
For what period were such payment made? From:	dd.MM,yyyy 🗐 To dd.MM,yyyg 62
Number of days per week worked by the employee:	×
Date on which the employee ceased work due to accident:	dd.MM.yyyy
Did the employee complete his shift on the day that he ceased work?:	O Yes O No
Date on which the employee resumed work:	dd.MM.yyyy
If the employee was killed in the accident, state name and address of dependent of the employee:	

Step	Action
[62]	Enter N/A in the If you have already paid cash (earnings) to the employee, state the total amount R field.

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

A CompEasy EMPLOYE	ER'S REPORT OF AN ACCIDENT \sim	
En	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	Further Particulars of5 Further Particulars6 Documents	
In terms of section 47 of the Act an employer is obliged to pay an employee full compensation for the first three months of absence		
*Are you prepared to make further compensation payments after the first three months from the date of the accident?:		
If you have already paid cash (earnings) to the employee,state the total amount R:	N/A	
For what period were such payment made? From:	dd.MM.yyyy	
Number of days per week worked by the employee:	×	
Date on which the employee ceased work due to accident:	dd.MM.yyyy	
Did the employee complete his shift on the day that he ceased work?:	O Yes O No	
Date on which the employee resumed work:	dd.MM.yyyy	
If the employee was killed in the accident, state name and address of dependent of the employee:		









Step	Action
[63]	Click the Mark any of the following when applicable: drop down option button to display the available list.

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

A CompEasy EMPLOYE	ER'S REPORT OF AN ACCIDENT \sim	Q.
En	nployer's Report of an Accident	
(1) Employer (2) Employee (3) Accident	Further Particulars of Employee - 5 Further Particulars - 6 Documents	
In terms of section 47 of the Act an employer is obliged to pay an employee full compensation for the first three months of absence		
*Are you prepared to make further compensation payments after the first three months from the date of the accident?:	⊙ Yes ○ No	
If you have already paid cash (earnings) to the employee,state the total amount R:	N/A	
For what period were such payment made? From:	dd.MM.yyyyy	
Number of days per week worked by the employee:		
Date on which the employee ceased work due to accident:	Invalid entry	
Did the employee complete his shift on the day that he ceased work?:	0	
Date on which the employee resumed work:	1	
If the employee was killed in the accident, state name and address of	2	
dependent of the employee:	3	
	4	
	5	
	6 64	
	7	omit Clair

Step	Action
[64]	Click the Number of days per week worked by the employee: 5 ⁵ option to select it.







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

A ☆ CompEasy EMPLOYE	R'S REPORT OF AN ACCIDENT \sim	Q		
Em	Employer's Report of an Accident			
(1) Employer (2) Employee (3) Accident -	Further Particulars of 5 Further Particulars (6 Documents			
Cash value of free quarters:	0			
Other payment in kind (specify nature):	0			
In terms of section 47 of the Act an employer is obliged to pay an employee fu	In terms of section 47 of the Act an employer is obliged to pay an employee full compensation for the first three months of absence			
*Are you prepared to make further compensation payments after the first three months from the date of the accident?:	• Yes 🔿 No			
If you have already paid cash (earnings) to the employee,state the total amount R:	N/A			
For what period were such payment made? From:	dd.MM.yyyy 🛅 To dd.MM.yyyy			
Number of days per week worked by the employee:	5 ~	·		
Date on which the employee ceased work due to accident:	01.10.2020			
Did the employee complete his shift on the day that he ceased work?:	Invalid entry to 65			
Date on which the employee resumed work:	dd.MM.yyyy	1		
If the employee was killed in the accident, state name and address of dependent of the employee:				
		Submit Claim		

Step	Action
[65]	Enter 01.10.2020 in the Date on which the employee ceased work due to accident dd.mm.yyyy field.

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

A 🕜 🔆 CompEasy EMPLOYE	ER'S REPORT OF AN ACCIDENT \sim		Q
En	Employer's Report of an Accident		
1 Employer 2 Employee 3 Accident	Further Particulars of Employee	- 5 Further Particulars — 6 Documents	
Cash value of free quarters:		0	
Other payment in kind (specify nature):		0	
In terms of section 47 of the Act an employer is obliged to pay an employee f	In terms of section 47 of the Act an employer is obliged to pay an employee full compensation for the first three months of absence		
*Are you prepared to make further compensation payments after the first three months from the date of the accident?: •• Yes O No			
If you have already paid cash (earnings) to the employee,state the total amount R:	N/A		
For what period were such payment made? From:	dd.MM.yyyy	id.MM.yyyy	
Number of days per week worked by the employee:	5		~
Date on which the employee ceased work due to accident:	01.10.2020	E	
Did the employee complete his shift on the day that he ceased work?:	O Yes O No		
Date on which the employee resumed work:	dd.MM.yyy	E	
If the employee was killed in the accident, state name and address of dependent of the employee:			
			Submit Claim







External Claim Registration

•	Select No, if the Employee did not complete his shift on the day that he/she ceased work.

Step	Action	
[66]	Click to select the No \bigcirc No	radio button.

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

A < A ≽CompEasy EMPLOYE	R'S REPORT OF AN ACCIDENT \checkmark	Q
En	ployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	Employee - 5 Further Particulars -	6 Documents
Cash value of free quarters:	0	
Other payment in kind (specify nature):	0	
In terms of section 47 of the Act an employer is obliged to pay an employee f	Ill compensation for the first three months of absence	
*Are you prepared to make further compensation payments after the first three months from the date of the accident?:	● Yes ○ No	
If you have already paid cash (earnings) to the employee,state the total amount R:	N/A	
For what period were such payment made? From:	dd.MM.yyyy 🛅 To dd.MM.yyyy	
Number of days per week worked by the employee:	5	~
Date on which the employee ceased work due to accident:	01.10.2020	
Did the employee complete his shift on the day that he ceased work?:	O Yes 💿 No	
Date on which the employee resumed work:	dd.MM.yyyy	
If the employee was killed in the accident, state name and address of dependent of the employee:		67)
		Submit Claim

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







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

A CompEasy EMPLOYI	ER'S REPORT OF AN ACCIDENT \checkmark	Q
Er	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	Further Particulars of _ 5 Further Particulars Employee	— 6 Documents
In terms of section 47 of the Act an employer is obliged to pay an employee	ull compensation for the first three months of absence	
*Are you prepared to make further compensation payments after the first three months from the date of the accident?: If you have already paid cash (earnings) to the employee,state the total amount R: For what period were such payment made? From:	Yes O No NA dd.MM.yyyy E To dd.MM.yyyy	
Number of days per week worked by the employee:	5	~
Date on which the employee ceased work due to accident:	01.10.2020	
Did the employee complete his shift on the day that he ceased work?:	Ves No	
Date on which the employee resumed work:	dd.MM.yyyy	
If the employee was killed in the accident, state name and address of dependent of the employee:		
Step 5		Submit Claim.
Step Action		

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

Click the **Step 5** button to go to the next page.

A CompEasy	ER'S REPORT OF AN ACCIDENT \sim	Q
Er	nployer's Report of an Accident	
(1) Employer (2) Employee (3) Accident	G Documents G Documents	
5. Further Particulars		
Should the employee have any physical defect, have suffered from any serious disease prior to the accident or has previously received compensation for permanent disablement, give full particulars:	[
*Was first aid given in this case?:	O Yes O №	
State the name of the medical practitioner/chiropractor who treated the employee:	60)	
If the employee received treatment at a hospital, state name of hospital:		
*Was the accident caused by the employee's deliberate non-compliance with directions?:	O Yes O No	
*If yes furnish an explanatory statement:		
*Was the accident caused by the employee's reckless disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents?:	O Yes O No	
*If yes furnish an explanatory statement:		
Action while under the influence of liquor or drugs?:	O Yes O No	
	(N.B. If any reply is in affirmative, the employee must furnish an explanatory statement which must then be attached hereto together with your comments thereon).	
		Submit Claim



[68]





External Claim Registration

1	Select Yes, if the First aid was given or not on the day of the accident.

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

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

A CompEasy EMPLOY	ER'S REPORT OF AN ACCIDENT \checkmark	Q
E	mployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4) Further Particulars of Employee 6 Documents	
5. Further Particulars		
Should the employee have any physical defect, have suffered from any serious disease prior to the accident or has previously received compensation for permanent disablement, give full particulars:		
*Was first aid given in this case?:	Yes No	
State the name of the medical practitioner/chiropractor who treated the employee:		
If the employee received treatment at a hospital, state name of hospital:		
*Was the accident caused by the employee's deliberate non-compliance with directions?:	O Yes O No	_
*If yes furnish an explanatory statement:	70	
*Was the accident caused by the employee's reckless disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents?:	O Yes O No	
*If yes furnish an explanatory statement:		
Action while under the influence of liquor or drugs?:	O Yes O No	
	(N.B. If any reply is in affirmative, the employee must furnish an explanatory statement which must then be attached hereto together with your comments thereon).	
		Submit Claim



This is a liability determining question, the Employer must indicate if the accident was caused by the Employee's deliberate non-compliance by selecting either Yes or No.

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







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

A A A A CompEasy	EMPLOYER'S	REPORT OF AN ACCIDENT \lor		Q
	Employ	er's Report of an Accident		
1 Employer 2 Employee	3 Accident	4 Further Particulars of Employee	5 Further Particulars 6 Docu	iments
5. Further Particulars				
Should the employee have any physical defect, h serious disease prior to the accident or h compensation for permanent disableme	ave suffered from any as previously received nt, give full particulars:			
*Was first	aid given in this case?: ()	Yes 🔘 No		
State the name of the medical practitioner/chirop	ractor who treated the employee:			
If the employee received treatment at a hospital,	state name of hospital:			
*Was the accident caused by the employee's delib	verate non-compliance () verate non-compliance	Yes 💽 No		
*Was the accident caused by the employee's re terms of any law or statutory regulation designed i health of employees or the pre	ckless disregard of the or to ensure the safety or evention of accidents?:	Yes O No		
*If yes furnish an	explanatory statement:	(1)		
Action while under the influer	nce of liquor or drugs?: O	Yes 🔿 No		
	(N.B. which	If any reply is in affirmative,the employee m must then be attached hereto together with	ust furnish an explanatory statement n your comments thereon).	
*Name and address of anybody:a)Who v	witnessed the accident: O	Yes 🔿 No		
				Submit Claim
Step Action				
[71] Click to solvet		No radio button		

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









i	Select Yes or No, if the Employee was operating under the influence of Liquor or drugs, this is also a liability question.

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

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

A ☆ CompEasy EMPLOY	ER'S REPORT OF AN ACCIDENT $ \!$	Q
E	mployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	Further Particulars of 5 Further Particulars 6 Documents	
5. Further Particulars		
Should the employee have any physical defect, have suffered from any serious disease prior to the accident or has previously received compensation for permanent disablement, give full particulars:		
*Was first aid given in this case?:	• Yes 🔿 No	
State the name of the medical practitioner/chiropractor who treated the employee:		
If the employee received treatment at a hospital, state name of hospital:		
*Was the accident caused by the employee's deliberate non-compliance with directions?:	◯ Yes ● No	
*Was the accident caused by the employee's reckless disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents?:	🔿 Yes 💿 No	
Action while under the influence of liquor or drugs?:	Ves 💿 No	
	(N.B. If any reply is in affirmative, the employee must furnish an explanatory statement which must then be attached hereto together with your comments thereon).	d d
*Name and address of anybody:a)Who witnessed the accident:	O Yes O No	
State the name of the witness:		73

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







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

A CompEasy EMPLOYE	R'S REPORT OF AN ACCIDENT \sim	Q
Em	ployer's Report of an Accident	
(1) Employer (2) Employee (3) Accident -	4 Further Particulars of Employee 5 Further Particulars 6 Documents	
	(N.B. If any reply is in affirmative, the employee must furnish an explanatory statement which must then be attached hereto together with your comments thereon).	
*Name and address of anybody:a)Who witnessed the accident:	O Yes O No	
State the name of the witness:	(74)	
State the address of the witness:		
State the Telephone of the witness:		
How many other employees were injured in the same accident?:		
b)Who was aware of the accident at the time:		
State the address of the individual who was aware:		
*If the accident was investigated by the SA Police,state name of Police Station and docket number applicable:	O Yes O No	_
*Name of Police Station:		
*State the Docket number of the case:		



Employer can indicate if the name and address of anybody who witnessed the accident.

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





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

A CompEasy EMPLOYE	ER'S REPORT OF AN ACCIDENT \sim	Q
En	nployer's Report of an Accident	
(1) Employer (2) Employee (3) Accident	4 Further Particulars of 5 Further Particulars 6 Documents	
If the employee received treatment at a hospital, state name of hospital:		
*Was the accident caused by the employee's deliberate non-compliance with directions?:	○ Yes ● No	
*Was the accident caused by the employee's reckless disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents?:	🔿 Yes 💿 No	
Action while under the influence of liquor or drugs?:	🔿 Yes 💿 No	
Mamo and address of antibodicalWho uitmoseed the socidant:	(N.B. If any reply is in affirmative,the employee must furnish an explanatory statement which must then be attached hereto together with your comments thereon).	
Walle and address of anybody.ajwho withessed the accident.		
How many other employees were injured in the same accident?:		
*If the accident was investigated by the SA Police,state name of Police Station and docket number applicable:	O Yes O No	_
*Name of Police Station:	(75)	
*State the Docket number of the case:		



Employer can indicate if the accident was investigated by SA Police.

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







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

A ☆ CompEasy EMPLOYI	ER'S REPORT OF AN ACCIDENT \checkmark	Q
Er	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4) Further Particulars of Employee 6 Documents	
State the name of the medical practitioner/chiropractor who treated the employee: If the oppleuse received treatment at a beging state aroun of beging		
^a Was the accident caused by the employee's deliberate non-compliance with directions?:	○ Yes ⊙ No	
*Was the accident caused by the employee's reckless disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents?:	🔿 Yes 💿 No	
Action while under the influence of liquor or drugs?:	🔿 Yes 💿 No	
	(N.B. If any reply is in affirmative, the employee must furnish an explanatory statement which must then be attached hereto together with your comments thereon).	
*Name and address of anybody:a)Who witnessed the accident:	🔿 Yes 💿 No	
How many other employees were injured in the same accident?:		
*If the accident was investigated by the SA Police,state name of Police Station and docket number applicable:	Ves No	
Step 6 76		
		Submit Claim
Step Action		

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

Click the **Step 6** Step 6 button to go to the next page.

A CompEasy EMPLOYE	R'S REPORT OF AN ACCIDENT \vee		Q
Em	ployer's Report of an Accident		
(1) Employer (2) Employee (3) Accident -	Further Particulars of Employee	- 5 Further Particulars	6 Documents
6. Documents			
Please upload mandatory documents marked with an * in Document Type list. Note that a Certified copy of the SA ID, Passport or Work Permit is required.		*Document type	× +
	No files found.		
	use the + Button		
Declaration by Employer or Authorised person			
I with ID number	hereby declare that on 01.10.2020 curate.	that the particulars furni	shed on this report of an ϵ
			Submit Claim



[76]





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

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

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

A CompEasy	EMPLOYER'S REPORT	OF AN ACCIDENT \checkmark		٩
	Employer's Repor	t of an Accident		
1 Employer 2 Employee	3 Accident	4 Further Particulars of	5 Further Particulars — 6	Documents
6. Documents				
Please upload mandatory documents marked with an * 1 Note that a Certified copy of the SA ID, Passport or Worl	n Document Type list. Permit is required. No files f use the + 1	ound.	*Document type	78 mnaire Questionnaire WCL226 ort of an Accident WCL2*
Declaration by Employer or Authorised person			First Medical Re	eport - Accident WCL4 *
I with ID number injury on duty, are to the best of my knowledge a	hereby declar	e that on 01.10.2020	that the particulars furnishe	ed on this report of an ε Submit Claim

Step	Action
[78]	Click on the SA ID ^{SA ID *} option to select it.







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

8 (ĉ	CompEasy EMP	OYER'S REPORT OF AN ACCIDENT \sim		۹		
		Employer's Report of an Accident				
1 Employer	2 Employee 3 Acc	dent (4) Further Particulars of Employee	- 5 Further Particulars — 6 Docu	ments		
6. Documents						
Please upload mar Note that a Certifie	ndatory documents marked with an * in Document Type d copy of the SA ID, Passport or Work Permit is require	list. j.	*Document type SA ID *	~ +		
				79		
		No files found.				
		use the + Button				
Destanting to Freedo	A dia dia dia mand					
Declaration by Emplo	yer or Authorisea person					
I	with ID number	hereby declare that on 01.10.2020	that the particulars furnished on t	his report of an ε		
injury on duty, are to the best of my knowledge and belief true and accurate.						
				Submit Claim		
Step	Action					
[79]	Click the Add + b	utton to upload a docu	ument.			

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

음 < ╔ <mark>≽CompE</mark> a	asy EMPLO	YER'S REPOR	T OF AN ACCID	ENT \checkmark		٩
	I	Employer's Repo	ort of an Accident			
🧉 Choose File to Upload						×
$\leftarrow \rightarrow \cdot \cdot \uparrow$	 Claim Reg Documents 				ٽ ~	Search Claim Reg Documents 👂
Organise 🔻 New folder						💷 🕶 🔲 👔
1.0.1	Name	Date modified	Туре	Size		
Quick access 18 October 2019 - Rebabilitation Case	🔊 SA ID.pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB		
Claim Beg Documents	Employer's report of an accident WCL2.pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB		
Deskton	First Medical Report - Accident WCL4.pdf	2019/10.80 28	Adobe Acrobat D	181 KB		
IM - Registers and Evaluation	Proof of Address.pdf	2019/10/14 10:28	Adobe Acrobat D	181 KB		
en registers und evaluation	Proof of Earling.pdf	2019/10/14 10:28	Adobe Acrobat D	TOTIND		
 OneDrive 						
This PC						
- Network						
_						
File name:					~	All Files (*.*)
						Open Cancel
-						
Colored (Plain)						

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





1.1.81. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer

	名 < 俞	EMPLOYER'S REPORT OF AN ACCIDENT \checkmark	
		Employer's Report of an Accident	
	1 Employer -	2 Employee 3 Accident 4 Employee 6 Documents	
	6. Documents		•
	Please upload	*Documents * SAID * +	
	SA ID.	odf	
	Declaration by En	plover or Authorised person	
	injury on dul	with ID number hereby declare that on 23.10.2019 that the particulars furnished on this report of an a y, are to the best of my knowledge and belief true and accurate.	
		Sucha, Cam	
	Step	Action	
	[81]	Click the Document type	e e

1.1.82. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer

8 < ☆ SMP EMPLOYER'S REPORT OF AN ACCIDENT ∨	Q
Employer's Report of an Accident	
1 Employer 2 Employee 3 Accident 4 Further Particulars of 5 Further Particulars	rs — 6 Documents
6. Documents	^
Please upload mandatory documents * * * * * * * * * * * * * * * * * * *	SAID* +
SAID.pdf	Death Certificate Passport
47.6 KB	SA ID *
	Work Permit
	Proof of Earnings
Declaration by Employer or Authorized parson	Assault Questionnaire
Declaration by Employer of Automiseu person	Road Accident Questionnaire WCL226
with ID number hereby declare that on 23.10.2019 that the particulars fu	Employer's Report of an Accident WCL2 *
jury on duty, are to the best of my knowledge and belief true and accurate.	First Medical Report - Accident WCL4 *
<	, ,
	Submit Claim







Step	Action
	Click on the Employer's Report of an Accident
[82]	WCL2 Employer's Report of an Accident WCL2 * option to select it.

1.1.83. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer

8 < @ SAP	EMPLOYER'S REPORT OF AN ACCIDENT $ imes $	Q
	Employer's Report of an Accident	
1 Employer 2 Employee	3 Accident 4 Further Particulars of5	Further Particulars6 Documents
8. Documents		·
Please upload mandatory documents *		*Document type Employer's Report of an . 🗸 🕂
SA ID.pdf 47.6 KB		83 ⊗
Declaration by Employer or Authorised person		
with ID number	hereby declare that on 23.10.2019 that the	e particulars furnished on this report of an alleged
ury on duty, are to the best of my knowledge and b	elief true and accurate.	
¢		>
		Submit Claim

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





1.1.84. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer

Employer's Report of an Accident 1 Employer 2 Employer 3 Accident 4 Employer 5 Further Particulars of solutions 6 Documents 1 This PC 6 Date modified 7 Subcate 1 10 Ordebe 2019	2 < a 👥	EMPLOY	ER'S REPORT OF AN ACCIE	Dent \sim		Q
1 Employer 2 Employee 3 Accident 4 Employee 6 Documents Choose Fleto Upload > <th></th> <th>E</th> <th>Employer's Report of an Accident</th> <th></th> <th></th> <th></th>		E	Employer's Report of an Accident			
	1 Employer (2 Employee 3 Acciden	nt 4 Further Part Employee	iculars of _ 5 Further Particulars	B 6 Documents	
Corganize New folder Organize New folder Conganize New folder Conganize New folder Paile Confired Type Sal Doctober 2019 - Rehabilitation Cases Calian Reg Documents Desitop Desitop Orgonize Orgonize Name Date modified Type Sal Doctober 2019 - Rehabilitation Cases Calian Reg Documents Desitop Desitop Orgonize Proof of Address.pdf 2019/10/14 Desitop Concorrect	🥖 Choose File to Upload					×
Organice Newfolder Name Date modified Type Size Image: Control of Cont	$\leftarrow \rightarrow \checkmark \uparrow$ his PC \rightarrow Desktop	> Claim Reg Documents			マ ひ Search Claim Reg Docur	ments 🔎
Quick access 19 October 2019 - Rehabilitation Case Claim Reg Documents Destrop Destrop OneDrive This PC Network	Organise 🔻 New folder				5:: •	
	Quick access I B October 2019 - Rehabilitation Case Claim Reg Documents Decktop LM - Registers and Evaluation OneDrive This PC Network	Name A SA ID.odf Employer's report of an accident WCL2.pdf Same Sector Secto	Date modified Type 2019/10/14 10:28 Adobe Acrobat D 2019/10/14 10:28 Adobe Acrobat D	Size 181 KB 181 KB 181 KB 181 KB 181 KB		
Open Cancel						
Open Cancel	Step Actio	n				

1.1.85. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer

Click the Add Employer's report of an accident WCL2.pdf button to upload a document.

名 < 命	SAP	EMPLOYER'S REPORT	OF AN ACCIDENT \sim		Q	
		Employer's Report	t of an Accident			
1 Employer –	2 Employee	3 Accident	4 Further Particulars of Employee	- 5 Further Particulars —	6 Documents	
6. Documents						^
Please upload	mandatory documents *			*Document type Employer's	Report of an . 🗸 🕂	
Employ 185 KB	yer's report of an accident WCL2.pdf				85 ⊗	
SA ID. 47.6 KB	.pdf_ning.pdf B				\otimes	
Declaration by En	nployer or Authorised person					
	with ID number	hereby declare that or	23.10.2019	that the particulars furnished on t	his report of an alleged	
ijury on duty, are t	to the best of my knowledge and belief tru	e and accurate.				
<					>	~
					Submit Cla	im
Step	Action					
[85]	Click the Docume	nt type 🔽	drop dowi	n option button	to display th	ne a



[84]



1.1.86. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer

8 < 6 SAP	EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $			Q
	Employer's Report of an Accident			
(1) Employer (2) Employee	3 Accident 4 Further Particulars of Employee	- 5 Further Particula	ars — 6 Documents	
6. Documents				^
Please upload mandatory documents *		*Document type	Employer's Report of an . \sim	+
Employer's report of an accident WCL2.pdf 185 KB SAID.pdf ning.pdf 47.6 KB			Death Certificate Passport SA ID * Work Permit Proof of Earnings Assault Questionnaire Read Accident Questionnaire Employer's Report of an Acc	e WCL226 ident WCL2 *
Declaration by Employer or Authorised person			First Medical Report - Accide	ent WCL4 *
with ID number	hereby declare that on 23.10.2019	that the particulars fur	rnished on this report of and	Submit Claim

Step	Action
[86]	Double click on the First Medical Report - Accident WCL4 First Medical Report - Accident WCL4 * option to select it.

1.1.87. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer

8 < a 🗫	EMPLO	YER'S REPOR	T OF AN ACCID	ENT 🗸		C	2
		Employer's Rep	ort of an Accident				
1 Employer (2 Employee 3 Accide	ent	- 4 Further Partie Employee	culars of _ 5 Furth	er Particulars ——	6 Documents	
🥖 Choose File to Upload							×
$\leftarrow \rightarrow \ \lor \ \ \uparrow$ 🔜 \rightarrow This PC \rightarrow Desktop	> Claim Reg Documents				ٽ ~	Search Claim Reg Documents	<i>م</i> ;
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Step	Action
[87]	Double click on the First Medical Report - Accident
[07]	WCL4 A First Medical Report - Accident WCL4.pdf option to select it.

1.1.88. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer

8 < 📾 💁	EMPLOYER'S REPC	RT OF AN ACCIDENT \	/	Q
	Employer's Re	eport of an Accident		
(1) Employer 2 Employee	- 3 Accident	Further Particulars of Employee	- 5 Further Particulars — 6 Documents	
6. Documents				^
Please upload mandatory documents *			*Document type First Medical Report - Ac 🕓	/ +
First Medical Report - Accident WCL4.pdf 185 KB				8
Employer's report of an accident WCL2.pdf 185 KB				8
SAID.pdf ning.pdf 47.6 KB				8
Declaration by Employee of Authorized across				_1
Declaration by Employer of Adthonsed person				
with ID number	hereby declare th	at on 23.10.2019	that the particulars furnished on this report of an	alleged 88 Submit Claim

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





1.1.89. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer

8 < ☆ SAP EMPLOYER'S REPORT OF AN ACCIDENT ∨	Q
Employer's Report of an Accident	
1 Employee 3 Accident 4 Further Particulars of5 Further Particulars6 Document	ıts
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Employer's report of an accident WCL2.pdf 185 KB	8
SAID.pdf ning.pdf 47.6 KB	8
Darlanstyn hu Envilvuar ar Authorised person	
s mag I with ID number hereby declare that on 23.10.2019 that the particulars furnished on this re	port of an al
injury on duty, a (89) the best of my knowledge and belief true and accurate.	
	Ý
	Submit Claim



In the Declaration section, enter the name and ID number of the user that registered the claim.

Step	Action
[89]	Enter Nzwili in the I field.





[90]

EMPLOYER'S REPORT OF AN ACCIDENT - Internet 1.1.90. Explorer

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Employer's Report of an Accident	
1 Employer 2 Employee 3 Accident 4 Further Particulars of 5 Further Particulars 6 Documents	
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Employer's report of an accident WCL2.pdf 185 KB	8
SAID.pdf ming.pdf 47.6 KB	⊗
Darlasstinn hv Frindhuar ar Authoritised person	
Sinag Sinag With ID number According to the best of my knowledge and belief 90 accurate.	t of an al
Sinag S	t of an al
Sinag I Nzwiii with ID number hereby declare that on 23.10.2019 that the particulars furnished on this repo injury on duty, are to the best of my knowledge and belief 90 nd accurate.	t of an al

1.1.91. **EMPLOYER'S REPORT OF AN ACCIDENT - Internet** Explorer

Enter 7902026613083 in the ID number field.

	Accident	Employee – (ments 🛛
105 KD				0
Employer's report of an accident WCL2 185 KB	pdf			\otimes
Proof of Earning.pdf 185 KB				8
Proof of Address.pdf 185 KB				8
Declaration by Employer or Authorised person				
iniury on duty, are to the best of my knowled	e and belief true and accurate.	23.10.2019	that the particulars furnished on the	s report of an a
				_





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

1.1.92. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer

8 C C SAP EMPLOYER'S REPORT OF AN ACCIDENT V				
	Employer's Report of an Accident			
(1) Employer (2) Employee	- 3 Accident 4 Further Particulars of 5 Further Particulars 6 Documen	ts		
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Employer's report of an accident WCL2.pdf 185 KB		8		
Proof of Earning.pdf 185 KB	Confirm Do you want to submit claim?	8		
Proof of Address.pdf 185 KB	Yes No	8		
Declaration by Employer or Authorised person	<u></u>			
I Nzwill with ID number 7902026 injury on duty, are to the best of my knowledge and b	613083 hereby declare that on 23.10.2019 that the particulars furnished on this re belief true and accurate.	port of an al		
		Submit Claim		



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

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





1.1.93. EMPLOYER'S REPORT OF AN ACCIDENT - Internet Explorer

8 < A SAP	EMPLOYER'S REPORT OF AN ACCIDENT \sim	Q
	Employer's Report of an Accident	
1 Employer 2 Employee	3 Accident (4) Further Particulars of 5 Further Particulars 6 Documents	
185 KB		⊗ ^
Employer's report of an accident WCL2.pdf 185 KB		8
Proof of Earning.pdf 185 KB	Success Your ClaimNo: (00000000000005855) has been created.	8
Proof of Address.pdf 185 KB		8
Declaration by Employer or Authorised person I Nzwili with ID number 79020266 injury on duty, are to the best of my knowledge and be	93 13083 hereby declare that on 23.10.2019 that the particulars furnished on this report elief true and accurate.	of an al
	2	ubmit Claim



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

1.1.94. Home - Google Chrome

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Claim Registration	Claim Documents Upload	Display Claim Status (Customer View)	Manage Organisation Authorisation	









Well done! You have successfully completed lodging a claim.



