

1.1. Custom App - Claim Registration WCL 2

Purpose

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

Business Scenario

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

The Compensation for Occupational Injuries and Diseases Act applies to:

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

For exclusions please refer to the act.

Prerequisites

The following prerequisites are applicable when processing this transaction:

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

1.1.1. Home - Google Chrome

SAP			Home \checkmark			Q
Compensation Fund	Apps for Employers	Compensation Fun	d: Service Providers	Bank Relationship	Cash Operations	~
Claim Registration	Upload Documents					
Ŧ	Ê					
Compensa 1 Fund	I: Service Providers					
Change Claim (Expert Mode) ICLCDC02	Upload Documents					
Bank Relationship						
Manage Banks	Manage Bank Accounts	Manage Bank Accounts	My Inbox For Bank Accounts	My Sent Requests For Bank Accounts	Maintain Signatory For Multiple Accounts	



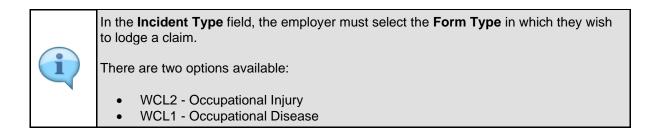




Step	Action
[1]	Click on the Claim Registration Claim Registration to access the transaction.

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





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







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

A 🛪 🏫 💁 Employi	ER'S REPORT OF AN ACCIDENT \lor Q
E	mployer's Report of an Accident
1 Employer 2 Employee 3 Accident	E
1. Employer	
	_
*Province:	
*Labour Centre to process the claim:	
Registered name with the Compensation Commissioner:	
*Registered number of this business with the Compensation Commissioner:	Please enter valid contract number, start with 99
Contact person:	
Street address:	
Postal code:	
Postal address:	
Postal code:	
Tel.no:	
Fax.no:	
E-mail address:	

All fields marked with a red asterisk '*' or red border are mandatory fields.	
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Step	Action
[3]	Click the Province drop down option button to display the available list.

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

8 <	C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT \sim
	Em	ployer's Report of an Accident
1 Employer –	2 Employee 3 Accident	Further Particulars of Further Particulars 6 Documents
. Employer		
	*Province:	
	*Labour Centre to process the claim:	Eastern Cape
	Registered name with the Compensation Commissioner:	Freestate
	*Registered number of this business with the Compensation	Gauteng North
	Commissioner: Contact person:	Gauteng South
	Street address:	KwaZulu Natal
		Limpopo (4)
	Postal code:	Mpumalanga
	Postal address:	Northern Cape
	Postal code:	
	Tel.no:	Northwest
	Fax.no:	Western Cape
	E-mail address:	







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

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

8 <	C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT \sim	Q
	E	mployer's Report of an Accident	
1 Employer	2 Employee 3 Accident		cuments
1. Employer			
	*Province:	Gauteng South	~
	*Labour Centre to process the claim:	KEMPTON PARK	\sim \sim
	Registered name with the Compensation Commissioner:		
	*Registered number of this business with the Compensation Commissioner:	Please enter valid contract number,start with 99	
	Contact person:		
	Street address:		
	Postal code:		
	Postal address:		
	Postal code:		
	Tel.no:		
	Fax.no:		
	E-mail address:		Submit Claim
			Submit Claim

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

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

8 <	C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT $ \!$	Q
	Er	nployer's Report of an Accident	
1 Employer	2 Employee 3 Accident	Further Particulars of 5 Further Particulars 6 Doc	uments
. Employer			
	*Province:	Gauteng South	\sim
	*Labour Centre to process the claim:	KEMPTON PARK	\sim
	Registered name with the Compensation Commissioner:		
		990000382040	
	Commissioner: Contact person:	6	
	Street address:		
	Postal code:		
	Postal address:		
	Postal code:		
	Tel.no:		
	Fax.no:		
	E-mail address:		







	In the " Registered Number of this Business with the Compensation Commissioner " field the Employer Contract number starting with 99 is entered.
i	Once the correct contract number has been populated the employer information will be populated in the fields below.
	If the employer contract number does not exist, please contact customer services for assistance.

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

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

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E	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	Further Particulars of	
1. Employer		
*Province:	Gauteng South V	
*Labour Centre to process the claim:	KEMPTON PARK	
Registered name with the Compensation Commissioner:	J M B INDUSTRIAL SUPPLIES	
*Registered number of this business with the Compensation Commissioner:	99000038204d]
Contact person:		
Street address:	XXXXXXXXX TASBET PARK	
Postal code:	9999	
Postal address:		- F
Postal code:		
Tel.no:	9999999999	
Fax.no:	6560388	$\overline{\mathcal{O}}$
E-mail address:	admin@labour.co.za	
		ubmit Claim

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







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

A C A SAP EMPLO	YER'S REPORT OF AN ACCIDENT V
	Employer's Report of an Accident
Employer 2 Employee 3 Accide	nt (4) Further Particulars of(5) Further Particulars(6) Documents
*Registered number of this business with the Compensatio Commissione	n [990000382040]
Contact perso	
Street addres	s: XXXXXXXXXX TASBET PARK
Postal cod	e: 9999
Postal addres	S:
Postal cod	P.
Tel.n	o: 9999999999
Fax.n	0: 6560388
E-mail addres	s: admin@labour.co.za
Location of the business/fam	n: Kempton Park
Nature of business, trade or industr	y: 8
	•
	Submit C

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

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

A 🕻 🏠 SAPT EMPLOYE	R'S REPORT OF AN ACCIDENT $ arsigma$	Q
En	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	Further Particulars of Further Particulars 6 Documents	
*Registered number of this business with the Compensation Commissioner:	990000382040	
Contact person:		
Street address:	XXXXXXXXX TASBET PARK	
Postal code:	9999	
Postal address:		
Postal code:		
Tel.no:	9999999999	
Fax.no:	6560388	
E-mail address:	admin@labour.co.za	
Location of the business/farm:	Gemiston	
Nature of business, trade or industry:	Logistics (Carrier Services)	
	D	

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







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

8 <	C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT $ \!$	Q
	En	ployer's Report of an Accident	
1 Employer —	2 Employee 3 Accident	Further Particulars of Further Particulars 6 Documents	
	*Registered number of this business with the Compensation Commissioner:	990000382040	
	Contact person:		
	Street address:	XXXXXXXXX TASBET PARK	
	Postal code:	9999	
	Postal address:		
	Postal code:		
	Tel.no:	999999999	
	Fax.no:	6560388	
	E-mail address:	admin@labour.co.za	
	Location of the business/farm:	Germiston	
	Nature of business, trade or industry:	Logistics	
Step 2			
			Submit Claim
Cton	Action		

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

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

Employer's Report of an Accident 1 Employer 2 Employer 3 Accident 4 Further Particulars of e is Further Particulars of e is Further Particulars of e is Further Particulars 6 Documents Centified Copy of Identity Document to be Attached in section 6. *Is the injured person a: Imail entry Imail entry<	8 < 6 SAP	EMPLOYER'S REPORT OF AN ACCIDENT \checkmark	Q
Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached in section 6. Centified Copy of Identity Document to be Attached In section 6. Centified Copy of Identity Document to be Attached In section 6. Centified Copy of Identity Document to be Attached In section 6. Centified Copy of Identity Document to be Attached In section 6. Centified Copy of Identity Document to be Attached In section 6. Centified Copy of Identity Document to be Attached In section 6. Centified Copy of Identity Document to be Attached In section 6. Centified C		Employer's Report of an Accident	
*Certified Copy of Identity Document to be Attached In section 6. *Is the injured person a: Surname: First name: *ID Type: *ID Type: *ID No: Date of birth: Sex: Citizen of Personnel no:	1 Employer 2 Employee	(3) Accident (6) Documents (7) (6) Documents (7) (7) (7) (7) (7) (7) (7) (7) (7) (7)	
*Is the injured person a: Sumame: First names: *ID Type: ID Number · Passport · Work permit *ID No: Date of birth: Sex: Karital state: Citizen of: Personnel no:	2. Employee		
Surname: Invalid entry First names: Image: Second	*Certified Copy of Identity Document to be Attache	i in section 6.	
Surname: invalid entry First name: *ID Type: ID Number Passport Vork permit ID Number Date of birth: Cate of birth: Cate of birth: Personnel no:	*		
Surfame: First names: *ID Type: ID Number Passport Work permit *ID No.: Date of birth: Sex: Marital state: Citizen of: Personnel no:			
*ID Type: ID Number Passport Work permit *ID No.:			
*ID No.:			
Date of birth: Sex: Marital state: Citizen of: Personnel no:		O ID Number O Passport O Work permit	
Sex: Maritai state: Citizen of: Personnel no:	*ID No.:		
Marital state: Citizen of: Personnel no:	Date of birth:		
Citizen of: Personnel no:	Sex:		
Personnel no:	Marital state:		
	Citizen of:		
	Personnel no:		
			Submit Cla



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









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

8 < 6 💁	EMPLOYER'S REPORT OF AN ACCIDENT \checkmark	Q
	Employer's Report of an Accident	
1 Employer 2 Employee -	3 Accident (a) Further Particulars of (b) Further Particulars (b) Document	nts
. Employee		
*Certified Copy of Identity Document to be Attached	d in section 6.	
*Is the injured person a:		
Surname:	Invalid entry	
First names:	Apprentice (Full-Time)	
*ID Type:	Apprentice (Part-Time)	
*ID No.:	Regular Employee (Full-Time)	
Date of birth:	Regular Employee (Part-Time)	
	Retired	
Sex:	Working Director/Partner/Owner	
Marital state:	Trainee	
Citizen of:	Working member of a CC	
Personnel no:	Owner of Business	
	Partner in the Business	Submit Claim

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

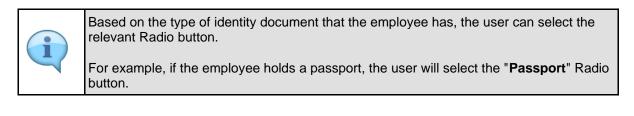






1.1.13. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

2 < 6 SAP	EMPLOYER'S REPORT OF AN ACCIDENT $ \!$	Q
	Employer's Report of an Accident	
1 Employer 2 Employee -	3 Accident (a) Further Particulars of (b) Further Particulars (b) Documents	
2. Employee		
*Certified Copy of Identity Document to be Attache	d in section 6.	
*Is the injured person a: Surname:	Regular Employee (Full-Time)	
First names:		
*ID Type:	O D Number O Passport O Work permit	
*ID No.: Date of birth:		
Sex:		
Marital state:		
Citizen of:		
Personnel no:		
		Submit Claim



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







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

8 < 6 SAP		LOYER'S REPORT OF AN ACCIDENT $ imes $	٩
		Employer's Report of an Accident	
1 Employer 2 Employee _			
2. Employee			
*Certified Copy of Identity Document to be Attached	d in section 6.		
*Is the injured person a:	Regular Employee	i Information	
Sumame:		Please enter 13 digit ID number.	
First names:			
*ID Type:	ID Number	OK	
*ID No.:		14	
Date of birth:			
Sex:			
Citizen of:			
Personnel no:			

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

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

8 < 6 SAP	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 - 6 Documents	
2. Employee		
*Certified Copy of Identity Document to be Attached	l in section 6.	
*Is the injured person a:	Regular Employee (Full-Time)	
Surname:		
First names:		
*ID Type:	7104165167034	
*ID No.:		
Date of birth:	15	
Sex:		
Marital state:		
Citizen of:		
Personnel no:		
		Submit Clain







	If the employee record does not exist in the system a pop-up message will display informing the employer to contact Customer Services.
	() Error
<u> </u>	Disallow claim, inform user to contact Customer Services
	Close

Step	Action
[15]	Enter 7104165167084 in the ID no field.

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

2 < 6 SAP	EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $	Q
	Employer's Report of an Accident	
1 Employer 2 Employee -	3 Accident { Hurther Particulars of 5 Purther Particulars 6 Documents	
2. Employee		
*Certified Copy of Identity Document to be Attached	d in section 6.	
*Is the injured person a:	Regular Employee (Full-Time)	
Surname:		
First names:	ABRAM BEKKER	
*ID Type:	O ID Number ○ Passport ○ Work permit	
*ID No.:	7104165167084	
Date of birth:	16.04.1971	
Sex:	Male	
Sex. Marital state:	Single	
Citizen of:	South African	
Personnel no:		16
		Submit Cla



When the employee ID number is entered, field values are generated with the employee's details.

If changes are required, fields in white can be changed.

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







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

8 < 6 SAP	EMPLOYER'S REPORT OF AN ACCIDENT \checkmark	Q
	Employer's Report of an Accident	
1 Employer 2 Employee -	3 Accident 4 European of 5 Further Particulars 6	Documents
Marital state:	Single	
Citizen of:	South African	
Personnel no:		
*Occupation:		
Street address:	9459 GAUTENG NORTH (17)	
Postal code:	9459	
Postal address:		
Postal code:	Driver	
Tel.no:	0736061397	
*Period in your employ(years/months):		
*Expected period of disablement (days):	O 0-13 Days O 14 & More	
		Submit Claim



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

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

Step	Action
[17]	Enter Driver in the Occupation field.







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

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 of5 Further Particulars -	6 Documents	
Marital state:	Single		
Citizen of:	South African		
Personnel no:			
*Occupation:	Driver		
Street address:	9459 GAUTENG NORTH GAUTENG NORTH		
Postal code:	9459		
Postal address:			
Postal code:	7104165167084		
Tel.no:	0736061397		
*Period in your employ(years/months):			
*Expected period of disablement (days):	O 0-13 Days O 14 & More (18)		
			_
			Submit Claim

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

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

2 < 🍙 SAP	EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $		Q
	Employer's Report of an Accident		
1 Employer 2 Employee	3 Accident 4 Further Particulars of5 Further Particulars	6 Documents	
Marital state:	Single		
Citizen of:	South African		
Personnel no:			
*Occupation:	Driver		
Street address:	9459 GAUTENG NORTH GAUTENG NORTH		
Postal code:	9459		
Postal address:			
Postal code:			
Tel.no:	0736061397		
*Period in your employ(years/months):	20 years		
*Expected period of disablement (days):	0 0-13 Days		
			Submit Claim

Step	Action
[19]	Click to select the 14 & More radio button.







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

8 < 6	SAP	EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $		Q
		Employer's Report of an Accident		
1 Employer —	2 Employee -	3 Accident 4 European for 5 Further Particulars of 5	- 6 Docu	ments
	Marital state:	Single		
	Citizen of:	South African		
	Personnel no:			
	*Occupation:	Driver		
	Street address:	9459 GAUTENG NORTH GAUTENG NORTH		
	Postal code:	9459		
	Postal address:			
	Postal code:			
	Tel.no:	0736061397		
*Period in	n your employ(years/months):	20 years		
*Expected	period of disablement (days):	O 0-13 Days 💽 14 & More		
Step 3				Submit Claim
Step	Action			
[20]	Click the Ste	p 3 Step 3 button to display the next task.		

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

A C C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT \sim
Er	nployer's Report of an Accident
(1) Employer (2) Employee (3) Accident	Further Particulars of Further Particulars 6 Documents
3. Accident	
*Date of accident (Accident must be reported within 7 days from the accident):	16.08.2019
*Time of accident:	(21)
Place of accident (City/Town):	
District:	
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:	
the set developing of here the excident encoded	Submit Ck







The next few steps demonstrate how to answer the *Structured Facts Questions* (SFQ), as per answers in the WCL forms submitted.
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 for the claim to be created.

Step	Action
[21]	Enter 16.08.2019 in the *Date of accident (Accident must be reported within 7 days from the accident) field.

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

A C A SAP EMPLOYE	R'S REPORT OF AN ACCIDENT \sim	Q
En	nployer's Report of an Accident	
(1) Employer (2) Employee (3) Accident		cuments
3. Accident		
*Date of accident (Accident must be reported within 7 days from the accident):	16.08.2019	
,	14:30:00	99
Place of accident (City/Town):	(22)	
District:		
Province:		
Date employee reported accident:	dd.MM.yyyy	•••
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:		
Check description of how the excident economy.		Submit Claim

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







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

A C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT V	Q
En	nployer's Report of an Accident	
1) Employer 2) Employee 3 Accident	4 Further Particulars of - 5 Further Particulars - 6 Doc	cuments
Accident		
*Date of accident (Accident must be reported within 7 days from the accident):	16.08.2019	
*Time of accident:	14:30:00	Ð
Place of accident (City/Town):	Germiston Lake Johannesburg	
District:	(23)	
Province:		
Date employee reported accident:	dd.MM.yyyy	
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:		
*Obset descelation of how the excident economic	·	
		Submit Claim

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

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

A C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT $ imes $	Q
Er	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident		cuments
3. Accident		
*Date of accident (Accident must be reported within 7 days from the accident);	16.08.2019	
*Time of accident:	14:30:00	Ð
Place of accident (City/Town):	Germiston Lake Ekuruleni	
District:	Invalid entry	
Province:	Gauteng	
Date employee reported accident:	dd.MM.yyyy (24)	
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:		
Check description of hermitic second second	· · · · · · · · · · · · · · · · · · ·	Submit Claim

Step	Action	
[24]	Enter Gauteng in the Province field.	







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

A C SAP EMPLOY	ER'S REPORT OF AN ACCIDENT $ imes $	Q
E	mployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	G Dor Further Particulars of - 5 Further Particulars - 6 Dor	cuments
3. Accident		
*Date of accident (Accident must be reported within 7 days from the accident):	16.08.2019	
*Time of accident:	14:30:00	Ð
Place of accident (City/Town):	Germiston Lake Ekuruleni	
District:		
Province:	Gauteng	
Date employee reported accident:		
Time employee reported accident:	Enter time 25	Ð
*What task was the employee performing at the time of accident?:		
Period of experience in the task performed (years/months): Was the employee's action at the time of the accident in connection with	Please enter n'Years and n'Months Ves O No	
your trade or business? State the reason why the action was not in line with your Trade/Business:		
* Ob and descended as a fiber with a second state and a second state of the second sta	[]	

Step	Action
[25]	Enter 16.08.2019 in the Date employee reported accident field.

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

A 🛪 🏧 Employe	R'S REPORT OF AN ACCIDENT \sim	Q
Er	mployer's Report of an Accident	
(1) Employer (2) Employee (3) Accident	4 Further Particulars of 5 Further Particulars 6 Doc	cuments
3. Accident	-	
*Date of accident (Accident must be reported within 7 days from the accident);	16.08.2019	
*Time of accident:	14:30:00	3
Place of accident (City/Town):	Germiston Lake Ekuruleni	
District:		
Province:	Gauteng	
Date employee reported accident:	16.08.2019	
Time employee reported accident:	14:50:00	3 B
*What task was the employee performing at the time of accident?:	26	
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:		
*Obset description of how the escription de	1	Submit Claim

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







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

A C 📾 👥 Employe	ER'S REPORT OF AN ACCIDENT \checkmark	Q
E	mployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	Further Particulars of - 5 Further Particulars - 6 Do	cuments
3. Accident		
*Date of accident (Accident must be reported within 7 days from the accident):	16.08.2019	
*Time of accident:	14:30:00	Ð
Place of accident (City/Town):	Germiston Lake Ekuruleni	
District:		
Province:	Gauteng	
Date employee reported accident:	16.08.2019	
Time employee reported accident:	14:50:00	Ð
*What task was the employee performing at the time of accident?:	Driving	
Period of experience in the task performed (years/months):	Please enter n'Years and n'Months 27	
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:		
♦ Ob est description of bounds and description.	· · · · · · · · · · · · · · · · · · ·	Submit Claim

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

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

A C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT \checkmark	Q
Er	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4 Further Particulars of5 Further Particulars6	Documents
3. Accident		
*Date of accident (Accident must be reported within 7 days from the accident):	16.08.2019	
*Time of accident:	14:30:00	Ð
Place of accident (City/Town):	Germiston Lake Ekuruleni	
District:		
Province:	Gauteng	
Date employee reported accident:	16.08.2019	
Time employee reported accident:	14:50:00	9
*What task was the employee performing at the time of accident?:	Driving	
Period of experience in the task performed (years/months):	9	
Was the employee's action at the time of the accident in connection with your trade or business?:	O Yes O No 28	
State the reason why the action was not in line with your Trade/Business:		
*Obert description of how the environment		Submit Claim
		Submit Claim

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







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

Employee Constraints Constraints	loyer's Report of an Accident	
3. Accident *Date of accident (Accident must be reported within 7 days from the accident): *Time of accident: 1.	4 Further Particulars of 5 Further Particulars 6 Documents	
*Date of accident (Accident must be reported within 7 days from the accident): accident): *Time of accident:		
accident): *Time of accident: 1		
accident): *Time of accident: 1		
*Time of accident: 1-	16.08.2019	
Place of accident (City/Town): G	14:30:00	
	Germiston Lake Ekuruleni	
District:		
Province: G	Gauteng	
Date employee reported accident: 10	16.08.2019	
Time employee reported accident: 14	14:50:00	
*What task was the employee performing at the time of accident?:	Driving	
Period of experience in the task performed (years/months):	9 years	
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:		29
*Object description of bounds and description of		ıbmit Claim

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

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

A C 🔝 SAP 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 Docu	iments
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: *Short description of how the accident occurred:	res O No No Refer the machine/process invoved, whether the injured person fell or was struck and all	
*Contributing Factors/Causes: Specify other machinery or contributing factors:	the factors contributing to the accident	~
*Was the accident a traffic accident on a public road?:	O Yes O No	
*Was the Employee traveling to or from work: *If motor vehicles were involved furnish registration numbers:		
*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:	O Yes O No	
Was the injury sustained as a result of an assault?:	○ Yes ○ No	Submit Claim

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







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

A C 🛣 SAP EMPLOYE	R'S REPORT OF AN ACCIDENT $ imes $	Q
Er	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4 Further Particulars of - 5 Further Particulars - 6 Doc	uments
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:	Yes No Refer the machine/process invoved, whether the injured person fell or was struck and all process contribution to the accident the factors contributing to the accident	
*Contributing Factors/Causes: Specify other machinery or contributing factors:	3)	~
*Was the accident a traffic accident on a public road?: *Was the Employee traveling to or from work: *If motor vehicles were involved furnish registration numbers:	0 Yes 0 No	
 *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?: him?: *If not, give reasons:	O Yes O No	
Was the injury sustained as a result of an assault?:	○ Yes ○ No	

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

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

A C A SAP EMPLOYE	R'S REPORT OF AN ACCIDENT $ arsigma$	Q
En	nployer's Report of an Accident	
(1) Employer (2) Employee (3) Accident	Burther Particulars of 5 Further Particulars 6 Docum	nents
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:		
*Contributing Factors/Causes:		~
Specify other machinery or contributing factors: *Was the accident a traffic accident on a public road?:	O Yes O No	32
*Was the Employee traveling to or from work:		
*If motor vehicles were involved furnish registration numbers:		
*Nature of injury sustained(e.g. index finger of right hand crushed):		
*Mark any of the following when applicable:		\sim
*Are you satisfied that the employee was injured in the manner alleged by him?:	O Yes O No	
*If not, give reasons:		
Was the injury sustained as a result of an assault?:	○ Yes ○ No	
		Submit Claim

Step	Action
	Click the Contributing Factors/Causes drop down option button to display the available list.







[33]

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

A C SAP EMPLOYER'S	S REPORT OF AN ACCIDENT \checkmark	Q
Emplo	oyer's Report of an Accident	
1) Employer 2) Employee 3 Accident	4 Further Particulars of 5 Further Particulars 6 Doo	cuments
your trade or business?:) Yes 🔘 No	
*Short description of how the accident occurred:	lutii vehicle pile up	
*Contributing Factors/Causes:		×
Specify other machinery or contributing factors:	Invalid entry	
*Was the accident a traffic accident on a public road?:	Unknown	
*Was the Employee traveling to or from work:	Building	
*If motor vehicles were involved furnish registration numbers:	Burns	
*Nature of injury sustained(e.g. index finger of right hand crushed):	Defective machine	
*Mark any of the following when applicable:	Chemicals	
	Defective plant	
him?: *If not, give reasons:	Electricity	
	Explosions	
	Fault of employer	33
	Fault of injured employee	mit Claim
Step Action		

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

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

A C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT $ imes $	Q
Er	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4 Further Particulars of - 5 Further Particulars - 6 Doct	uments
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:	Yes O No Mulli vehicle pile up	
*Contributing Factors/Causes:		\sim
Specify other machinery or contributing factors:	Invalid entry	
*Was the accident a traffic accident on a public road?:	lifting machine	
*Was the Employee traveling to or from work:	Poisioning	
*If motor vehicles were involved furnish registration numbers:	Press/Rollers	
*Nature of injury sustained(e.g. index finger of right hand crushed):	Railways	
*Mark any of the following when applicable:	Unfavourable conditions	
*Are you satisfied that the employee was injured in the manner alleged by him?:	34 Working machine	
*If not, give reasons:	Other machinery	
Was the injury sustained as a result of an assault?:	Other factors	
	Hand tools	
	Any other contributing factors	omit Claim

Step	Action
[34]	Click to select the Unfavourable conditions Checkbox.







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

8 < 1	EMPLOYE	R'S REPORT OF AN ACCIDENT $ \smallsetminus $	Q
	En	nployer's Report of an Accident	
1 Employer —	2 Employee 3 Accident	4 Further Particulars of 5 Further Particulars (6 Documents	
Was the em	ployee's action at the time of the accident in connection with your trade or business?: *Short description of how the accident occurred:	Yes O No Mutli vehicle pile up	
	*Contributing Factors/Causes:	Unfavourable conditions 🛞	/
	Specify other machinery or contributing factors:		
	*Was the accident a traffic accident on a public road?:	O res O No	
	*Was the Employee traveling to or from work:	35	
	If motor vehicles were involved furnish registration numbers:		
*Natu	e of injury sustained(e.g. index finger of right hand crushed):		
	*Mark any of the following when applicable:	N N	e.
*Are you satis	fled that the employee was injured in the manner alleged by him?:	O Yes O No	
	*If not, give reasons:		
	Was the injury sustained as a result of an assault?:) Yes O No	
			Submit (
Step	Action		
[35]	Click to select the Yes	radio button.	

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

A 🛪 🏧 Employe	R'S REPORT OF AN ACCIDENT $ imes $	Q
Er	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4 Further Particulars of - 5 Further Particulars - 6 Doc	cuments
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:	Yes No Mutli vehicle pile up	
*Contributing Factors/Causes: Specify other machinery or contributing factors:	Unfavourable conditions R	ř
*Was the accident a traffic accident on a public road?:	● Yes ○ No	
*Was the Employee traveling to or from work:		
*If motor vehicles were involved furnish registration numbers:	36	
*Nature of injury sustained(e.g. index finger of right hand crushed):		
*Mark any of the following when applicable:		\sim
*Are you satisfied that the employee was injured in the manner alleged by him?;	O Yes O No	
*If not, give reasons:		
Was the injury sustained as a result of an assault?:	🔘 Yes 🔘 No	
		Submit Claim

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







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

A C B SAP EMPLOYE	R'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 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:	Mutti vehicle pile up	
*Contributing Factors/Causes:	Unfavourable conditions (3)	~
Specify other machinery or contributing factors:	DD00,KGP	
*Was the accident a traffic accident on a public road?:	● Yes ○ No	
*Was the Employee traveling to or from work:	n/a	
*If motor vehicles were involved furnish registration numbers:		
*Nature of injury sustained(e.g. index finger of right hand crushed):	37	
*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	
*If not, give reasons:		
Was the injury sustained as a result of an assault?:	O Yes O No	
		Submit Claim

Step	Action
	Enter DD00JKGP in the *If motor vehicles were involved furnish registration numbers: field.

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

A 🕆 🗟 💁 Employe	R'S REPORT OF AN ACCIDENT $ imes $	Q
Er	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	Further Particulars of 5 Further Particulars 6 Doc	uments
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:	Mutti vehicle pile up	
*Contributing Factors/Causes:	Unfavourable conditions ⊗	\sim
Specify other machinery or contributing factors:		
*Was the accident a traffic accident on a public road?:	• Yes 🔿 No	
*Was the Employee traveling to or from work:	Right hand dislocated	
*If motor vehicles were involved furnish registration numbers:	DD00JKGP	
*Nature of injury sustained(e.g. index finger of right hand crushed):		
*Mark any of the following when applicable:	38	\sim
*Are you satisfied that the employee was injured in the manner alleged by him?:	O Yes O No	
*If not, give reasons:		
Was the injury sustained as a result of an assault?:	🔾 Yes 🔿 No	

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







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

A 🖒 🏠 MPLOYI	ER'S REPORT OF AN ACCIDENT $ \!$	Q
E	mployer's Report of an Accident	
1) Employer 2) Employee 3 Accident		5
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:	Yes No Mutti vehicle pile up	
*Contributing Factors/Causes: Specify other machinery or contributing factors:	Unfavourable conditions (3)	~
*Was the accident a traffic accident on a public road?:	● Yes ○ No	
*Was the Employee traveling to or from work:	n/a	
*If motor vehicles were involved furnish registration numbers:	DD00JKGP	
*Nature of injury sustained(e.g. index finger of right hand crushed):	Right hand	
*Mark any of the following when applicable:		\sim
*Are you satisfied that the employee was injured in the manner alleged by him?:	Invalid entry No	39
*If not, give reasons: Was the injury sustained as a result of an assault?	○ Yes ○ No	-
		Submit Claim

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

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

A C SAP EMPLOYE	R'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	
Was the employee's action at the time of the accident in connection with your trade or business?:	Invalid entry	
*Short description of how the accident occurred:	Loss of Consciousness	
	Head Injury	
*Contributing Factors/Causes:	Spine Injury	
Specify other machinery or contributing factors:	Multi Trauma	
*Was the accident a traffic accident on a public road?:	Burns	_
*Was the Employee traveling to or from work:	Amputation (40)	
*If motor vehicles were involved furnish registration numbers:	Other	
*Nature of injury sustained(e.g. index finger of right hand crushed):	Killed	
*Mark any of the following when applicable:		\sim
*Are you satisfied that the employee was injured in the manner alleged by him?:	O Yes O No	
*If not, give reasons:		
Was the injury sustained as a result of an assault?:	O Yes O No	
		Submit Claim

Step	Action
[40]	Click on the Multi Trauma Multi Trauma option to select it.







[41]

Click to select the Yes

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

A C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT $ \!$	Q
Er	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4) Further Particulars of6) Further Particulars6 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:	⊙ Yes ○ No Mutti vehicle pile up	
*Contributing Factors/Causes: Specify other machinery or contributing factors:	Unfavourable conditions 🛞	
*Was the accident a traffic accident on a public road?:	● Yes ◯ No	
*Was the Employee traveling to or from work: *If motor vehicles were involved furnish registration numbers:	n/a othoonkgp	
*Nature of injury sustained(e.g. index finger of right hand crushed):	Right hand	
*Mark any of the following when applicable: *Are you satisfied that the employee was injured in the manner alleged by him?:	Multi Trauma ~ ~]
*If not, give reasons: Was the injury sustained as a result of an assault?:	41 ○ Yes ○ No	
	S	ubmit Claim
Step Action		

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

radio button.

	R'S REPORT OF AN ACCIDENT V	Q
Em	ployer's Report of an Accident	
1 Employer 2 Employee 3 Accident -	4 Further Particulars of - 5 Further Particulars - 6 Doc	uments
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:	Ves O No Mutti vehicle pile up	
*Contributing Factors/Causes: Specify other machinery or contributing factors:	Unfavourable conditions 🛞	~
*Was the accident a traffic accident on a public road?:	⊙ Yes ◯ No	
	n/a DD00JKGP	
*Nature of injury sustained(e.g. index finger of right hand crushed):	Right hand	
,	Multi Trauma	~
Was the injury sustained as a result of an assault?		
Sten 4	<u>(1</u>)	

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







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

8 < 1	SAP EMPLOYE	R'S REPORT OF AN ACCIDENT \sim	Q
		nployer's Report of an Accident	
1 Employer —	2 Employee 3 Accident	A Further Particulars of - 5 Further Particulars - 6 Do	cuments
	"Snort description of now the accident occurred.	Mutli vehicle pile up	
	*Contributing Factors/Causes:	Unfavourable conditions ⊗	~
	Specify other machinery or contributing factors:		
	*Was the accident a traffic accident on a public road?:	● Yes 🔘 No	
	*Was the Employee traveling to or from work:	n/a	
*	If motor vehicles were involved furnish registration numbers:	DD00JKGP	
*Natur	*Nature of Injury sustained(e.g. Index finger of right hand crushed): Right hand		
	*Mark any of the following when applicable:	Multi Trauma	\sim
*Are you satis	fied that the employee was injured in the manner alleged by him?	• Yes 🔾 No	
	Was the injury sustained as a result of an assault?:	○ Yes ○ No	
Step 4			Submit Claim
Step	Action		
[43]	Click the Step 4 Step 4	link to access the next step.	

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

A 🛪 🎰 Employe	ER'S REPORT OF AN ACCIDENT \vee		Q
E	mployer's Report of an Accident		
1) Employer 2) Employee 3) Accident	Further Particulars of Employee	- 5 Further Particulars — 6 Document	5
Further Particulars of Employee			
Earnings of employee at the time of accident: *(Attach copy of payslip as	at time of accident in section 6.		
Basic earning:	O R/Week		
Gross cash earnings:(including average payments for overtime and/or:	(44)		
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):			
In terms of section 47 of the Act an employer is obliged to pay an employee	full compensation for the first three months of at	978921	
In terms of section 47 of the rist an employer is obliged to pay an employee		Serve	
			Submit Claim

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







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

EI	ployer's Report of an Accident	
Employer 2 Employee 3 Accident	Further Particulars of - 5 Further Particulars - 6	Documents
ther 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 © R/Month	
Gross cash earnings:(including average payments for overtime and/or:	4000	
Allowance of a Recurrent nature:Bonuses (13th Cheque):	R/Month (45)	
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	
n 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	
		Submit Claim

Step	Action
[45]	Enter 14000 in the Gross Cash Earnings field.

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

A C A SOF EMPLOYE	R'S REPORT OF AN ACCIDENT	×	Q
Er	nployer's Report of an Accident		
1) Employer 2) Employee 3) Accident	Further Particulars of Employee	- 5 Further Particulars — 6 Doc	cuments
Further Particulars of Employee			
Earnings of employee at the time of accident: "(Attach copy of payslip as	at time of accident in section 6.		
Basic earning:	 R/Week R/Month 		
Gross cash earnings:(including average payments for overtime and/or:		14000	
Allowance of a Recurrent nature:Bonuses (13th Cheque):		\$00	
Allowance of a recurrent nature:Other allowances (Specify nature):		R/Month 46	
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 Ast as employed is obliged to pay as employed	full componentian for the first three mention of	abaanaa	
In terms of section 47 of the Act an employer is obliged to pay an employee	iun compensation for the first three months of	absence	
			Submit Claim

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







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

ployer 2 Employee 3 Accident	Further Particulars of _ 5 Further Particulars — 6 Docume	nte
mployer 2 Employee 3 Accident -	Employee - 5 Putter Particulars - 6 Docume	11.5
ther Particulars of Employee		
Earnings of employee at the time of accident: *(Attach copy of payslip as a	time of accident in section 6.	
Basic earning:	O R/Week R/Month	
Gross cash earnings:(including average payments for overtime and/or:	14000	
Allowance of a Recurrent nature:Bonuses (13th Cheque):	000	
Allowance of a recurrent nature:Other allowances (Specify nature):		
Cash value of free food:	R/Month (47)	
Cash value of free quarters:	R/Month	
Other payment in kind (specify nature):	R/Month	
n terms of section 47 of the Act an employer is obliged to pay an employee fu	Il compensation for the first three months of absence	

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

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

A 🕻 🏠 Employe	R'S REPORT OF AN ACCIDENT	/	Q
E	mployer's Report of an Accident		
1) Employer (2) Employee (3) Accident	Further Particulars of Employee	- 5 Further Particulars — 6 [Documents
Further Particulars of Employee			
Earnings of employee at the time of accident: *(Attach copy of payslip as	at time of accident in section 6.		
Basic earning:	O R/Week R/Month		
Gross cash earnings:(including average payments for overtime and/or:		14000	
Allowance of a Recurrent nature:Bonuses (13th Cheque):		900	
Allowance of a recurrent nature:Other allowances (Specify nature):		0	
Cash value of free food:			
Cash value of free quarters:		R/Month	_
Other payment in kind (specify nature):		R/Month	
In terms of section 47 of the Act an employer is obliged to pay an employee	full compensation for the first three months of	absence	

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







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

A C A SAP EMPLOYE	R'S REPORT OF AN ACCIDENT	/	Q
En	nployer's Report of an Accident		
1 Employer 2 Employee 3 Accident	Further Particulars of Employee	- 5 Further Particulars — 6 C	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:	O R/Week R/Month		
Gross cash earnings:(including average payments for overtime and/or:		14000	
Allowance of a Recurrent nature:Bonuses (13th Cheque):		900	
Allowance of a recurrent nature:Other allowances (Specify nature):		0	
Cash value of free food:		0	
Cash value of free quarters:			_
Other payment in kind (specify nature):		R/Month	
		\bigcirc	
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	absence	
	,		
			Submit Claim

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

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

A 🖒 🏧 Employe	R'S REPORT OF AN ACCIDENT \sim	,	Q
En	nployer's Report of an Accident		
(1) Employee (2) Employee (3) Accident	Further Particulars of Employee	- 5 Further Particulars — 6 Do	cuments
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:	O R/Week R/Month		
Gross cash earnings:(including average payments for overtime and/or:		14000	
Allowance of a Recurrent nature:Bonuses (13th Cheque):		900	
Allowance of a recurrent nature: Other allowances (Specify nature):		0	
Cash value of free food:		0	
Cash value of free quarters:		0	
Other payment in kind (specify nature):	r r		
	had	50	
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 a	absence	
			Submit Claim

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







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

	Employer's Report of an Accident		
	Employer of toport of universident		
Employer 2 Employee 3 Accir	ent Further Particulars of Employee	f - 5 Further Particulars - 6 Doc	uments
urther Particulars of Employee			
Earnings of employee at the time of accident: *(Attach copy of payslip	as at time of accident in section 6.		
Basic earr	ing: 🔿 R/Week 💿 R/Month		
Gross cash earnings:(including average payments for overtime and/o		14000	
Allowance of a Recurrent nature:Bonuses (13th Cheq	ue):	900	
Allowance of a recurrent nature:Other allowances (Specify natu	re):	0	
Cash value of free for	ood:	0	
Cash value of free quart	ers:	0	
Other payment in kind (specify natu	re):	0	

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

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

A 🛪 🏧 Employe	ER'S REPORT OF AN ACCIDENT $ \smallsetminus $	۹
E	imployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	Employee - 5 Further Particulars - 6 Do	cuments
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: For what period were such payment made? From:		
Number of days per week worked by the employee:		~
Date on which the employee ceased work due to accident:		
Did the employee complete his shift on the day that he ceased work?:		-
Date on which the employee resumed work: If the employee was killed in the accident, state name and address of dependent of the employee:		
		Submit Claim

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







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

8 < 60 SAP	EMPLOYER'S REPORT OF AN ACCIDENT \checkmark	Q
	Employer's Report of an Accident	
(1) Employer (2) Employee (3 Accident Further Particulars of Further Particulars 6 Docum	ents
In terms of section 47 of the Act an employer is obliged to pa	y an employee full compensation for the first three months of absence	
*Are you prepared to make further compensation payment three months from the date of If you have already paid cash (earnings) to the employee For what period were such paymen	state the total amount R:	
Number of days per week worked by	the employee:	\sim
Date on which the employee ceased work d	ue 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 a dependent of	nd address of the employee:	
		Submit C
		Submit

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

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

A C A SAP EMPLOYI	ER'S REPORT OF AN ACCIDENT $ imes $	Q
E	imployer's Report of an Accident	
Employer 2 Employee 3 Accident	Employee - 5 Further Particulars (6) Doc	uments
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: For what period were such payment made? From:		
Number of days per week worked by the employee:	54	\sim
Date on which the employee ceased work due to accident:	dd.MM.yyyy	
Did the employee complete his shift on the day that he ceased work?:	○ Yes ○ No	
Date on which the employee resumed work:	dd.MM.yyyy	
If the employee was killed in the accident, state name and address of		

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







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

Step	Action
	Click the Number of days per week worked by employee drop down option button to display the available list.

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

A 🛪 🔝 Employe	R'S REPORT OF AN ACCIDENT \sim	Q
Er	nployer's Report of an Accident	
(1) Employer (2) Employee (3) Accident	Invalid entry 0	
In terms of section 47 of the Act an employer is obliged to pay an employee	1 1 2 3	
*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	4	
amount R: For what period were such payment made? From:	6	
Number of days per week worked by the employee:	56	\sim
Date on which the employee ceased work due to accident:	dd.MM.yyyy	
Did the employee complete his shift on the day that he ceased work?:	○ Yes ○ No	
Date on which the employee resumed work:	dd.MM.yyyy	
If the employee was killed in the accident, state name and address of dependent of the employee:		
		Submit Claim

Step	Action
[56]	Click on the 6 option to select it.







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

A C SAP EMPLOYE	R'S REPORT OF AN ACCIDENT \checkmark	Q
En	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	Employee Further Particulars of 6 Documents	
In terms of section 47 of the Act an employer is obliged to pay an employee f	uil 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:	01.09.2019 To 01.12.2019	
Number of days per week worked by the employee:	6	\sim
Date on which the employee ceased work due to accident:	16.08.2019	
Did the employee complete his shift on the day that he ceased work?:	○ Yes ○ No 57	
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 Clai

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

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

8 < 6	EMPLOYE	ER'S REPORT OF AN ACCIDENT \checkmark	Q
	Er	mployer's Report of an Accident	
1 Employer —	2 Employee 3 Accident	Employee - 5 Further Particulars - 6 Documents	
In terms of sec	ction 47 of the Act an employer is obliged to pay an employee f	full compensation for the first three months of absence	
	pared to make further compensation payments after the first three months from the date of the accident?: already paid cash (earnings) to the employee, state the total amount R:		
	For what period were such payment made? From:	01.09.2019 To 01.12.2019	
	Number of days per week worked by the employee:		\sim
	Date on which the employee ceased work due to accident:		
Did the er	employee complete his shift on the day that he ceased work?:		
	Date on which the employee resumed work:	dd.MM 58	
If the emp	ployee was killed in the accident, state name and address of dependent of the employee:		
Step 5			
			Submit Claim
Step	Action		
[58]	Click to select the No	radio button.	







[59]

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

A C A SAP EMPLOYE	R'S REPORT OF AN ACCIDENT $ \!$	Q
Er	nployer's Report of an Accident	
1) Employer 2) Employee 3) Accident	Employee Further Particulars of	S
In terms of section 47 of the Act an employer is obliged to pay an employee I	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 aiready paid cash (earnings) to the employee state the total	• Yes O No	
For what period were such payment made? From:	01.09.2019 To 01.12.2019	
Number of days per week worked by the employee:	6	\sim
Date on which the employee ceased work due to accident:	16.08.2019	
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		
(59)		
Step Action		

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

Click the Step 5 Step 5 button to display the next task.

A C A EMPLOYE	R'S REPORT OF AN ACCIDENT $ \!$	Q
Er	nployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4 Further Particulars of - 5 Further Particulars 6 Doc	cuments
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:	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	
*Was the accident caused by the employee's:		
*Was the accident caused by the employee's reckless disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents?:	O Yes O No	
*If yes furnish an explanatory statement:		
Action while under the influence of liquor or drugs?:	○ Yes ○ No	
	(N.B. If any reply is in affirmative, the employee must furnish an explanatory statement	Submit Claim

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







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

A C C EMPLOYE	R'S REPORT OF AN ACCIDENT \sim	Q
E	nployer's Report of an Accident	
1 Employee 3 Accident	Further Particulars of - 5 Further Particulars 6 Documer	nts
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:	J Smith	
If the employee received treatment at a hospital, state name of hospital:	(61)	
*Was the accident caused by the employee's deliberate non-compliance with directions?:	O Yes O No	
*Was the accident caused by the employee's:		
*Was the accident caused by the employee's reckless disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents?:	O Yes O No	
*If yes furnish an explanatory statement:		
Action while under the influence of liquor or drugs?:	○ Yes ○ No	-
	(N.B. If any reply is in affirmative the employee must furnish an explanatory statement	

Step	Action
	Enter J Smith in the State the name of the medical practitioner/chiropractor who treated the employee: field.

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

A 🖒 🕾 💁 Employe	R'S REPORT OF AN ACCIDENT $ imes $	Q
Er	nployer's Report of an Accident	
(1) Employer (2) Employee (3) Accident	Further Particulars of 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:	[J Smith]	
If the employee received treatment at a hospital state name of hospital:	Germiston Netcare	
*Was the accident caused by the employee's deliberate non-compliance with directions?:	O Yes O No	_
*Was the accident caused by the employee's:		
*Was the accident caused by the employee's reckless disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents?:	O Yes O No	
*If yes furnish an explanatory statement:		
Action while under the influence of liquor or drugs?:	○ Yes ○ No	_
	(N.B. If any reply is in affirmative the employee must furnish an explanatory statement	

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







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

8 < 1	EMPLOYE	ER'S REPORT OF AN ACCIDENT $ imes $	Q
	E	mployer's Report of an Accident	
1 Employer —	2 Employee 3 Accident	Further Particulars of Further Particulars 6 Doc	uments
5. Further Partic	culars		
ser	employee have any physical defect, have suffered from any ious disease prior to the accident or has previously received ompensation for permanent disablement, give full particulars:		
	*Was first aid given in this case?:	• Yes O No	
State the n	name of the medical practitioner/chiropractor who treated the employee:	J Smith	
If the empl	loyee received treatment at a hospital, state name of hospital:	Germiston Netcare	
*Was the ac	cident caused by the employee's deliberate non-compliance with directions?:	O Yes O No	
	*Was the accident caused by the employee's:	63	
	accident caused by the employee's reckless disregard of the y 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?:	◯ Yes ◯ No	
		(N.B. If any reply is in affirmative, the employee must furnish an explanatory statement	
			Submit Claim
Step	Action		
[63]	Click to select the No	radio button.	

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

8 < 1		R'S REPORT OF AN ACCIDENT V	Q
8 < 1	SAP EMPLOYE	R'S REPORT OF AN AGGIDENT	ų
	Er	nployer's Report of an Accident	
1 Employer —	2 Employee 3 Accident	4 Further Particulars of - 5 Further Particulars 6 Documents	
5. Further Partic	culars		
ser	employee have any physical defect, have suffered from any ious disease prior to the accident or has previously received ompensation for permanent disablement, give full particulars:		
	*Was first aid given in this case?:	● Yes ○ No	
State the n	name of the medical practitioner/chiropractor who treated the employee:	J Smith	
If the empl	loyee received treatment at a hospital,state name of hospital:	Germiston Netcare	
*Was the ac	cident caused by the employee's deliberate non-compliance with directions?:	◯ Yes ● No	
*Was the a terms of any	accident caused by the employee's reckless disregard of the y law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents?:	O Yee	
	*If yes furnish an explanatory statement:	64	
	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).	-
			Submit Claim
Step	Action		
Otep	Acion		
[64]			



Click to select the **No** radio button.





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

A C A SAP EMPLOYE	R'S REPORT OF AN ACCIDENT $ \!$	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 piro to the accident or has previously received compensation for permanent disablement, give tuil particulars: *Was first aid given in this case? State the name of the medical practitioner/chiropractor who treated the employee received treatment at a hospital state name of hospital: *Was the accident caused by the employee's deliberate non-compliance with directions? *Was the accident caused by the employee's reckiess 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 I Smith Germiston Netcare Yes No Yes No Yes No	
Action while under the influence of liquor or drugs?:	O Yes O No	1
	(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
*Name and address of anybody:a)Who witnessed the accident:	O Yes O No	65
		Submit Claim
Step Action		

1.1.66.	EMPLOYER'S REPORT OF AN ACCIDENT - Google

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

Chrome

[65]

A 🛪 🏧 Employe	R'S REPORT OF AN ACCIDENT $ \!$	Q
Er	nployer's Report of an Accident	
(1) Employer (2) Employee (3) Accident	4 Further Particulars of 5 Further Particulars 6 Docume	ents
terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents?: Action while under the influence of liquor or drugs?:	0 Yes 0 No	
	(N B. If any reference) in affirmative, the employee must furnish an explanatory statement which must the datached 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:		
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:		
		Submit Claim

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







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

8 < 6	EMPLOYE	ER'S REPORT OF AN ACCIDENT $ imes $	Q
	E	imployer's Report of an Accident	
1 Employer —	2 Employee 3 Accident	Employee - 5 Further Particulars - 6 Document	S
terms of any	law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents?: Action while under the influence of liquor or drugs?	Vesto 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).	
*Na	ame and address of anybody:a)Who witnessed the accident:	O Yes O No	
	State the name of the witness:		
	State the address of the witness:		
	State the Telephone of the witness:		
How	many other employees were injured in the same accident?:	•	
	b)Who was aware of the accident at the time:		
	State the address of the individual who was aware:		
*If the accid	dent 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:		
			Submit Claim
Step	Action		
[67]	Click to select the No	radio button.	

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

A C A SAP EMPLOYER'S REPORT OF AN ACCIDENT V	Q
Employer's Report of an Accident	
1) Employee 3) Accident 4) Further Particulars of Employee -	5 Further Particulars — 6 Documents
*Was the accident caused by the employee's deliberate non-compliance O Yes O No with directions?:	
*Was the accident caused by the employee's reckless disregard of the ○ Yes No terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents?:	
Action while under the influence of liquor or drugs?: O Yes Yes Yes 	
If any reply is in affirmative, the employee m ich must then be attached hereto together with	
*Name and address of anybody:a)Who witnessed the accident: O Yes No	
How many other employees were injured in the same accident?:	
*If the accident was investigated by the SA Police, state name of Police Station and docket number applicable.	
*Name of Police Station: 68	
*State the Docket number of the case:	
	Submit Claim
Step Action	



[68]

Click to select the **Yes** Oradio button.





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

A C A SAP EMPLOY	ER'S REPORT OF AN ACCIDENT $ imes $	Q
E	mployer's Report of an Accident	
(1) Employer (2) Employee (3) Accident	4 Further Particulars of 5 Further Particulars 6 Doc	uments
*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	
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:	• Yes O No	
*Name of Police Station:	Germinston SAPS	
*State the Docket number of the case:	69	
	<u> </u>	

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

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

A C C EMPLOYE	ER'S REPORT OF AN ACCIDENT $ imes $	Q
Er	mployer's Report of an Accident	
1 Employer 2 Employee 3 Accident	4 Further Particulars of 5 Further Particulars 6 Doo	cuments
*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:	● Yes ○ No	
*Name of Police Station:	Germiston SAPS	
*State the Docket number of the case:	08/2019/876	
	(70)	
	<u> </u>	

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







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

A C A SOFT EMPLOYE	R'S REPORT OF AN ACCIDENT $ imes $	Q
E	nployer's Report of an Accident	
(1) Employer (2) Employee (3) Accident	Further Particulars of Further Particulars 6 Documents	
*Was the accident caused by the employee's deliberate non-compliance with directions?:	◯ Yes ⊙ No	
*Was the accident caused by the employee's reckless disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of accidents?:	🔾 Yes 💿 No	
Action while under the influence of liquor or drugs?:	○ Yes ● No	
	(N.B. If any reply is in affirmative, the employee must furnish an explanatory statement which must then be attached hereto together with your comments thereon).	
*Name and address of anybody:a)Who witnessed the accident:	◯ Yes ⊙ No	
How many other employees were injured in the same accident?:		
*If the accident was investigated by the SA Police,state name of Police Station and docket number applicable:	• Yes 🔿 No	
*Name of Police Station:	Germiston SAPS	
*State the Docket number of the case:	08/2019/876	
Step 6		
71		
	s	ubmit Claim
Step Action		

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

button to display the next task.

Step 6

Click the Step 6

Employer's Report of an Accident 1 Employee 3 Accident 4 Further Particulars of Employee 6. Documents Please upload mandatory documents* *Document type *Document type (1) No files found. use the + Button	8 < 6 SAP	EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $	Q
6. Documents Please upload mandatory documents* *Document type *Document type + Image: Constraint of the second		Employer's Report of an Accident	
Please upload mandatory documents * *Document type (2) No files found. use the + Button	(1) Employer (2) Employee		s — 6 Documents
The second seco	6. Documents		
No files found. use the + Button Dectaration by Employer or Authorised person I with ID number hereby declare that on 06.10.2019 that the particulars furnished on this report of	Please upload mandatory documents *	*Document type	+
Use the + Button Declaration by Employer or Authorised person I with ID number hereby declare that on 08.10.2019 that the particulars furnished on this report of			
Declaration by Employer or Authorised person I with ID number hereby declare that on 08.10.2019 that the particulars furnished on this report of		No files found.	
I with ID number hereby declare that on 06.10.2019 that the particulars furnished on this report of		use the + Button	
	Declaration by Employer or Authorised person		
injury on duty are to the best of my knowledge and belief true and accurate	I with ID number	hereby declare that on 08.10.2019 that the p	particulars furnished on this report
	injury on duty, are to the best of my knowledge a	d belief true and accurate.	Submit Claim



[71]

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







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

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

8 < 6	EN EN	IPLOYER'S REPORT OF AN ACCIDENT \vee			Q
		Employer's Report of an Accident			
1 Employer —	2 Employee 3	Accident 4 Further Particulars of Employee	- 5 Further Particu	ulars — 6 Documer	nts
6. Documents					_
Please upload ma	ndatory documents *		*Document type		~ +
				Death Certificate	
				Passport	
				SA ID *	
				Work Permit	3)
				Proof of Earnings	
		No files found.		Assault Questionnaire	
		use the + Button		Road Accident Questionnal	ire WCL226 *
				Employer's Report of an Ac	cident WCL2 *
Declaration by Empl	over or Authorised person			First Medical Report - Accid	ient WCL4 *
, , ,					
1	with ID number	hereby declare that on 08.10.2019	that th	ne particulars furnished o	n this report (
injury on duty,	are to the best of my knowledge and belief tr	ue and accurate.			_
					Submit Claim
Stop	Action				
Step	Action				

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

Click on the **SA ID** SA ID option to select it.

8 < a 💁	EMPLOYER'S R	EPORT OF AN ACCIDENT	/	Q
	Employer	's Report of an Accident		
1) Employer 2) Employee	3 Accident		- 5 Further Particulars — 6 Docu	iments
3. Documents				
Please upload mandatory documents *			*Document type SA ID *	
				(74)
	No	files found.		
	us	e the + Button		
Declaration by Employer or Authorised person				
I with ID number	h	ereby declare that on 08.10.201	9 that the particulars furnishe	ed on this report (
injury on duty, are to the best of my knowledge a	nd belief true and accurate			Submit Clai



[73]





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

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

8 < 1	r sap	EMPLC	YER'S REPORT OF	AN ACCIDENT \vee		Q
Employer	2 Employee	© Open ← → ↑ → This Organise ▼ New folder ③ 30 Objects ^ ■ Apple:Phone ■ Desktop ■ BSA □ Download 2 ■ ES 10.5 ■ ES (N	PC > Desktop > ESCN Name A SA ID.pdf A WCL 2.pdf A WCL 4.pdf A WCL 226.pdf	✓ 0 Search ESCN	Adobe Acrobat Adobe Acrobat Adobe Acrobat	6 Documents
Declaration by Emp	ployer or Authonised person	Files KG Bond Applic Latest CV 10.077 SKH Document Stock Take File nar	< r> "Proof of Earnings .pdf" "Li	ung Test.pdf" "Prei 🗸 All Files (*.*) Open	V Cancel	
Iinjury on duty,	with ID nur			e that on 08.10.2019	that the particulars	s furnished on this report (Submit Claim
Step	Action					
[75]	Double click	on the SA	ID.pdf 🔒	SA ID.pdf file to	select it.	

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

2 < 🍙 💁	EMPLOYER'S F	REPORT OF AN ACCIDENT \sim	/	Q
	Employe	er's Report of an Accident		
1 Employer 2 Employee	3 Accident	Further Particulars of Employee	- 5 Further Particulars — 6 Do	cuments
. Documents Please upload mandatory documents * SA ID.pdf 47.6 KB			*Document type SA ID *	→ + 76 ⊗
Declaration by Employer or Authorised person I with ID number injury on duty, are to the best of my knowledge		hereby declare that on 08.10.2015	9 that the particulars furnisi	hed on this report







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

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

	Q
1 Employer 2 Employee 3 Accident 4 Further Particulars of 5 Fu	urther Particulars — 6 Documents
6. Documents	
Please upload mandatory documents * *Do	ocument type SAID * +
	Death Certificate
SA ID.pdf	Passport
47.6 KB	SA ID *
Declaration by Employer or Authorised person	Work Permit
with ID number 08.10.2019	Proof of Earnings
	Assault Questionnaire
injury on duty, are to the best of my knowledge and belief true and accurate.	Road Accident Questionnaire WCL226 *
	Employer's Report of an Accident WCL2 *
	First Medical Report - Accident WCL4 *

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

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

8 < 6 SAP	EMPLOYER'S RE	PORT OF AN ACCIDENT \sim		۹
	Employer's	s Report of an Accident		
(1) Employer (2) Employee	3 Accident	4 Further Particulars of Employee	- 5 Further Particulars — 6 Do	ocuments
6. Documents				
Please upload mandatory documents *			*Document type Road Accident Que	stionnai V +
SA ID.pdf 47.6 KB				(<u>78</u>) ⊗
Declaration by Employer or Authorised person				
I with ID numbe	r he	ereby declare that on 08.10.2019	that the particulars furnis	shed on this report of
injury on duty, are to the best of my knowled	ge and belief true and accurate.			







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

1.1.79. Open

[79]

8 < 🍙 💁	EMPLOYER'S REPORT OF	AN ACCIDENT \checkmark	Q
	© Open	×	
	\leftarrow \rightarrow \checkmark \Uparrow This PC \rightarrow Desktop \rightarrow ESCN	v ひ Search ESCN ク	
1 Employer 2 Employee	Organise - New folder	📰 + 💷 😧 🚾 🙆 🛙	Documents
	3D Objects ^ Name	Date modified Type	
6. Documents	Apple iPhone 💫 SA ID.pdf	2019/05/21 10:02 Adobe Acrobat	
	Desktop 💫 WCL 2.pdf	2018/11/19 08:36 Adobe Acrobat	
Please upload mandatory documents *	BSA BSA WCL 4.pdf	2018/11/19 08:36 Adobe Acrobat ID *	~ +
	Download 2 🔒 WCL 226.pdf	2018/11/19 08:36 Adobe Acrobat	
	ES 10.5		
	ESCN .	79	
	iii Files		
	KG Bond Applic		
	Latest CV 10.07.		
	SKH Documents		
	Stock Take		
		>	
	File name: "Proof of Earnings .pdf" "L	ung Test.pdf" "Pres V All Files (*.*) V	
		Open Cancel	
Declaration by Employer or Authorised person			
I with ID nu	mber hereby declar	re that on 08.10.2019 that the particulars furn	ished on this report (
injury on duty, are to the best of my know	viedge and belief true and accurate.		
Step Action			

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

Double click on the WCL 226.pdf B WCL 226.pdf file to select it.

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 Particulars 6 Do	ocuments
6. Documents					
Please upload ma	indatory documents *			*Document type Road Accident Que	stionnai 🗸 🕂
WCL 226	.pdf				80
55.5 KB					8
SA ID.pd	f				
47.0 KB					8
Declaration by Empl	oyer or Authorised person				
I	with ID number	hereby de	clare that on 08.10.2019	that the particulars furnis	hed on this report (
injury on duty,	are to the best of my knowledge ar	id belief true and accurate.			
					Submit Claim
Step	Action				







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

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

Employer's Repo	ort of an Accident	
1) Employer	Further Particulars of – 5 Further Particular	s 6 Documents
. Documents		
Please upload mandatory documents *	*Document type	Road Accident Questionnai 🗸 🕂
	D	eath Certificate
WCL 226.pdf	Pa	assport
55.5 KB	S	A ID *
SA ID.pdf	w	/ork Permit
47.6 KB	PI	roof of Earnings
	As	ssault Questionnaire
Declaration by Employer or Authorised person	R	oad Accident Questionnaire WCL226 *
I with ID number hereby of	declare that on 08.10.2019 that E	mployer's Report of an Accident WCL2 *
injury on duty, are to the best of my knowledge and belief true and accurate.	FI	irst Medical Report - Accident WCL4 *
		(81)

	Step	Action		
I		Click on the First Medical Report - Accident WCL	4	
	[81]	First Medical Report - Accident WCL4 *	option to select it.	

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

2 < @ SP	EMPLOYER'S REPORT OF AN ACCIDI	ent V Q	
	Employer's Report of an Accident		
(1) Employer (2) Employee (3 Accident 4 Further Partic Employee	culars of -5 Further Particulars — 6 Documents	
6. Documents			
Please upload mandatory documents *			+
WCL 226.pdf 55.5 KB		(<mark>(</mark> ⊗	82
SA ID.pdf 47.6 KB		8)
Declaration by Employer or Authorised person			
I with ID number injury on duty, are to the best of my knowledge and beli	hereby declare that on 6	that the particulars furnished on this rep	ort (
		Submit	t Claim







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

1.1.83. Open

8 < 6 SAP	EMPLOYER'S REPORT OF AN	ACCIDENT \lor	Q
	📀 Open	×	
	$\leftarrow \rightarrow \checkmark \uparrow$ his PC \rightarrow Desktop \rightarrow ESCN	v Ö Search ESCN ク	
1 Employer 2 Employee	Organise 🔻 New folder	i	- 6 Documents
	3D Objects ^ Name ^	Date modified Type	
6. Documents	Apple iPhone SA ID.pdf	2019/05/21 10:02 Adobe Acrobat	
	Desktop	2018/11/19 08:36 Adobe Acrobat	
Please upload mandatory documents *	BSA 🔊 WCL 4.pdf	2018/11/19 08:36 Adobe Acrobat ID *	~ +
	Download 2	2018/11/19 08:36 Adobe Acrobat	
	ES 10.5		
	ESCN		
	KG Bond Applic:		
	Latest CV 10.07.		
	SKH Documents		
	Stock Take		
		>	
	File name: "Proof of Earnings .pdf" "Lung	Test.pdf" "Pres V All Files (*.*) V	
		Open Cancel	
Declaration by Employer or Authorised person	4		
I with ID nu	mber hereby declare th	nat on 08.10.2019 that the particul	lars furnished on this report
injury on duty, are to the best of my know	vledge and belief true and accurate		
injury on duty, are to the best of my know	nouge and boller has and accurate.		Submit Claim
			Subinit Cialin
Stop Action			
Step Action			

[83]	Double click on the WCL 4.pdf 🔒 WCL 4.pdf file to select it.		

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

8 < 🏠 🗹	₽	EMPLOYER'S REPORT	F OF AN ACCIDENT \smallsetminus		Q
		Employer's Repo	rt of an Accident		
1 Employer	— 2 Employee —	— (3) Accident ———	4 Further Particulars of Employee	- 5 Further Particulars	- 6 Documents
6. Documents					
Please upload mandatory	documents *			*Document type Road Act	cident Questionnai 💛 🕂
WCL 4.pdf					84
55.5 KB					8
WCL 226.pdf 55.5 KB					\otimes
SA ID.pdf					
47.6 KB					\otimes
Declaration by Employer or	Authorised person				
	with ID number		eclare that on 08.10.2019	that the particul	lars furnished on this report of
injury on duty, are to t	he best of my knowledge and	d belief true and accurate.			Submit Cla
					Cabinit on
Step Ac	tion				







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

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

Employer's	Report of an Accident	
1) Employee 3) Accident	4 Further Particulars of 5 Further Particulars 6 Docu	uments
. Documents		
Please upload mandatory documents *	*Document type Road Accident Question	onnai 🗸 🕂
	Death Certificate	
WCL 4.pdf	Passport	
55.5 KB	SA ID *	
WCL 226.pdf	Work Permit	
55 5 KB	Proof of Earnings	
00.0 ND	Assault Questionnaire	
SA ID.pdf	Road Accident Questio	onnaire WCL226 *
47.6 KB	Employer's Report of a	In Accident WCL2 *
Declaration by Employer or Authorised person	First Medical Report - A	Accident WCL4 *
I with ID number her	eby declare that on 08.10.2019 that the particulars furnishe	ed on this report (
injury on duty, are to the best of my knowledge and belief true and accurate.		
		Submit Claim

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

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

8 < 6 SAP	EMPLOYER'S	REPORT OF AN ACC	IDENT \lor				Q
	Emplo	yer's Report of an Accider	nt				
1 Employer 2 Employee	- 3 Accident -	4 Further Pa Employee	articulars of	- 5 Furthe	r Particulars —	- 6 Documents	
6. Documents							-
Please upload mandatory documents *				*Docum	ent type First Me	dical Report - Acció	~ +
WCL 4.pdf 55.5 KB							<mark>86</mark> ⊗
WCL 226 pdf 55.5 KB							\otimes
SA ID.pdf 47.6 KB							8
Declaration by Employer or Authorised person							
I with ID number injury on duty, are to the best of my knowledge and	boliof true and accur	hereby declare that on	08.10.2019		that the particu	ulars furnished on t	his report (
injury on duty, are to the best of my knowledge and	Dener true and accur	αι υ .					Submit Clai







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

1.1.87. Open

8 < 6 SAP	EMPLOYER'S REPORT OF AN A	ACCIDENT \checkmark	Q
	Open	×	
	← → · ↑ 📴 → This PC → Desktop → ESCN	v ່ບ Search ESCN ,p	
1 Employer 2 Employee	Organise 🔻 New folder	iii - □ (2)	6 Documents
	3D Objects ^ Name ^	Date modified Type	
6. Documents	Apple iPhone SA ID.pdf	2019/05/21 10:02 Adobe Acrobat	
	BSA BCL 226.pdf	2018/11/19 08:36 Adobe Acrobat 2018/11/19 08:36 Adobe Acrobat ID *	
Please upload mandatory documents *	Download 2	87	~ +
	ES 10.5	<u> </u>	
	ESCN		
	Files KG Bond Applic		
	Latest CV 10.07.		
	SKH Documents		
	Stock Take	>	
	File name: "Proof of Earnings .pdf" "Lung Tes	t.pdf" "Pres V All Files (*.*) V	
		Open Cancel	
Declaration by Employer or Authorised person		.i.	
Decidiation by Employer of Autoricea person			
I with ID nu	mber hereby declare that	on 08.10.2019 that the particula	rs furnished on this report
injury on duty, are to the best of my know	wledge and belief true and accurate.		

Step	Action
[87]	Double click on the WCL 2.pdf B WCL 2.pdf file to select it.

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

8 < 6 Sep	EMPLOYER'S REPORT OF AN ACCIDENT	/	Q
	Employer's Report of an Accident		
1 Employer 2 Employee	3 Accident 4 Further Particulars of Employee	- 5 Further Particulars - 6 Doc	uments
3. Documents			
Please upload mandatory documents *		*Document type First Medical Report -	Accic 🗸 🕂
WCL 2.pdf 55.5 KB			8
WCL 4.pdf 55.5 KB			\otimes
WCL 226.pdf 55.5 KB			8
SA ID.pdf 47.6 KB			\otimes
Declaration by Employer or Authorised person			Subin ⁸⁸ alm
Step Action			
•			







[89]

Enter **s.mas** in the **I** field.

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

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

_			
	8 < 1	EMPLOYER'S REPORT OF AN ACCIDENT V	Q
		Employer's Report of an Accident	
(1 Employer —	2) Employee 3) Accident 4) Further Particulars of 5) Further Particulars of 6) Document	s
	WCL 4.p 55.5 KB	df	
	WCL 220 55.5 KB	3.pdf	\otimes
	SA ID.pd 47.6 KB	ſ	\otimes
	Declaration by Emp	loyer or Authorised person	
	I s.mas	with ID number hereby declare that on 08.10 2019 that the particulars furnished on and the particulars furnished on the	this report (
			Submit Claim
	Step	Action	

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

Image: Control of the con	8 < 6 SAP		
1 Employer 2 Employee 3 Accident 4 Further Particulars of - 5 Further Particulars 6 Documents Image: Complex Set 100 pdf S5.5 kB Image: Complex Set 100 pdf		EMPLOYER'S REPORT OF AN ACCIDENT $ \smallsetminus $	Q
Employee Imployee Imployee Imployee Imployee Imployee WCL 4.pdf S5.5 KB Imployee Imployee Imployee Imployee WCL 226.pdf Imployee Imployee Imployee Imployee Imployee WCL 226.pdf Imployee Imployee Imployee Imployee Imployee SA ID pdf Imployee Imployee Imployee Imployee Imployee Imployee SA ID pdf Imployee Imployee Imployee Imployee Imployee SA ID pdf Imployee Imployee Imployee Imployee Imployee Imployee SA ID pdf Imployee Imployee Imployee Imployee Imployee Imployee SA ID pdf Imployee Impl		Employer's Report of an Accident	
Image: Spin Signal state Image: Spin Sig	1) Employer 2 Employee	3 Accident 4 Further Particulars of5 Further P	articulars — 6 Documents
SA ID.pdf Image: Control of the second s			 ⊗
47.6 KB			8
I s.mas with ID number 6001018788081 hereby declare that on 08.10.2019 that the particulars furnished on this report c			8
I s.mas with ID number 6001018788081 hereby declare that on 08.10.2019 that the particulars furnished on this report c	Declaration by Employer or Authorised person		
	injury on duty, are to the best of my knowledge ar	and belief true accurate.	
			Submit Claim
Step Action	Step Action		Submit Claim



Step	Action
[90]	Enter 6001018788081 in the ID Number field.

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

1 Employer	2 Employee	3 Accident -	4 Further F Employe	Particulars of - 5 F	urther Particulars	6 Documents	
WCL 4.pdf 55.5 KB							\otimes
WCL 226.pd 55.5 KB	f						\otimes
SA ID.pdf 47.6 KB							\otimes
Declaration by Employe	r or Authorised person						
l s.mas	with ID number	6001018788081	hereby declare that on	08.10.2019	that the particula	ars furnished on thi	s report
injury on duty, are	to the best of my knowledg	e and belief true and ac	curate.				



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

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







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

8 < a S	NP		S REPORT OF AN ACCIDENT >		٩
		Emplo	oyer's Report of an Accident		
1 Employer	— 2 Employee —	- 3 Accident -	4 Further Particulars of Employee	- 5 Further Particulars —	- 6 Documents
WCL 4.pdf 55.5 KB					
WCL 226.pdf 55.5 KB		-	Confirm		\otimes
SA ID.pdf 47.6 KB		Do you wa	nt to submit claim?		8
Declaration by Employer or	Authorised person		92		
l s.mas	with ID number 600*	018788081	hereby declare that on 08.10.201	e that the particu	lars furnished on this report c
injury on duty, are to t	the best of my knowledge and	belief true and accu	rate.		—



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

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

8 < 6	SAP	EMPLOYE	R'S REPORT OF AN ACCIDENT $ imes $		Q
		En	nployer's Report of an Accident		
1 Employer	2 Employee	3 Accident	Further Particulars of	5 Further Particulars —	6 Documents
*If the accident	was investigated by the SA Post Station and Station and	docket number applicable:	● Yes ○ No		
		*Name of Police Station:	Germiston SAPS		
	*State the D	ocket number of the case:	08/2019/876		
			✓ Success		
6. Documents		Your ClaimN	lo: [0000000010005835] has been created.		
Please upload manda	tory documents *		OK	*Document type First Medic	cal Report - Accic \vee 🛛 +
			No files found.		
			use the + Button		







Custom App - Claim Registration WCL 2

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

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

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

8 < 6	EMPLOYE	ER'S REPORT OF AN ACCIDENT \smallsetminus		Q
	94 E	mployer's Report of an Accident		
1 Employer —	2 Employee 3 Accident	4 Further Particulars of Employee	- 5 Further Particulars — 6 Documents	
*If the accid	ent was investigated by the SA Police,state name of Police Station and docket number applicable: *Name of Police Station: *State the Docket number of the case:	Yes No Germiston SAPS 08/2019/876		
6. Documents Please upload ma	ndatory documents *		*Document type First Medical Report - Accic	/ +
		No files found.		
		use the + Button	2	Submit Claim
Step	Action			
[94]	Click the Home b	utton to return to the	launchpad.	







1.1.95. Home - Google Chrome

SAP						
Compensation Fun	d Apps for Employers	Compensation Fun	d: Service Providers	Bank Relationship	Cash Operations	~
Claim Registration	Upload Documents					
Ē	É					
Compensation Fun	d: Service Providers					
Change Claim (Expert Mode)	Upload Documents					
ICLCDC02						
ICLCDC02	Ē					
Bank Relationship	Ê					



Well done! You have successfully completed lodging a claim.



