



1.1. Custom App - Claim Registration WCL 1

Purpose

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

Business Scenario

In this scenario the Authorised User, the Employer, in this example, lodges an Occupational Disease 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.

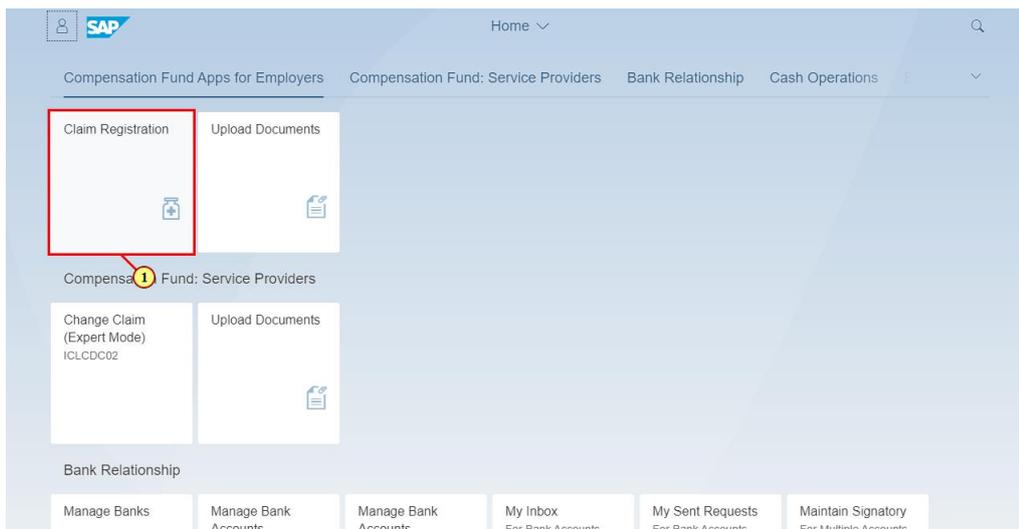
For exclusions please refer to the act.

Prerequisites

The following prerequisites are applicable when processing this transaction:

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

1.1.1. Home - Google Chrome

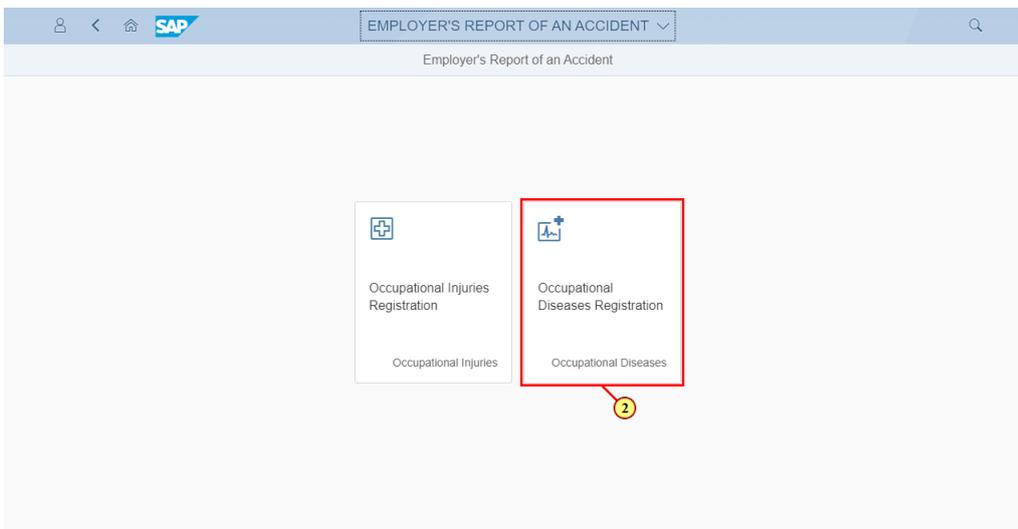


Step	Action
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Step	Action
[1]	Click on the Claim Registration Claim Registration to access the transaction.

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



	<p>In the Incident Type field the employer must select the Form Type in which they wish to lodge a claim.</p> <p>There are two options available:</p> <ul style="list-style-type: none">• WCL2 - Occupational Injury• WCL1 - Occupational Disease
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Step	Action
[2]	Click on the Occupational Diseases Registration Occupational Diseases Registration to start the registration.



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

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

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

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



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

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

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

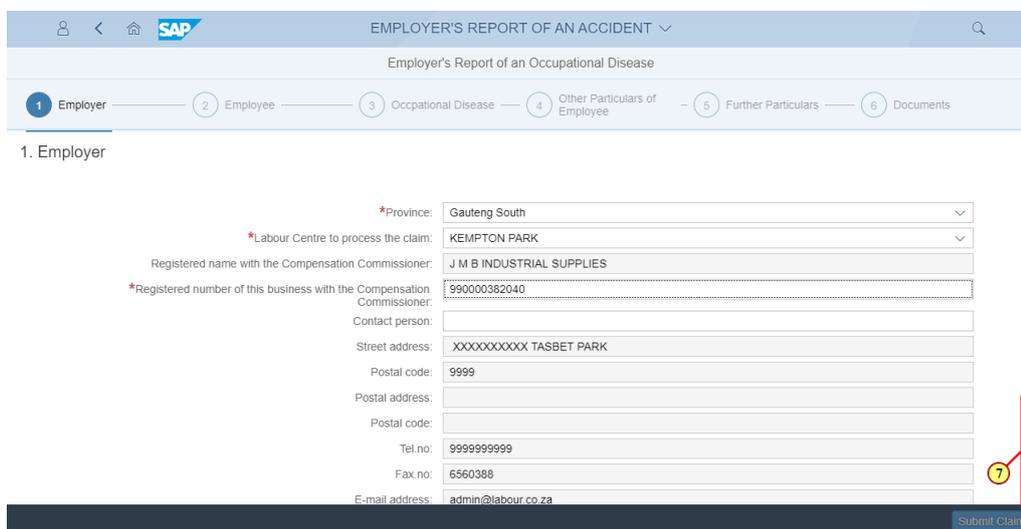
1.1.6. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



	<p>In the "Registered Number of this Business with the Compensation Commissioner" field the Employer Contract number starting with 99 is entered.</p> <p>Once the correct contract number has been entered, the employer information will be populated in the fields below.</p> <p>If the employer contract number does not exist please contact Customer Services for assistance.</p>
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Step	Action
[6]	Enter 990000382040 in the Registered number of this business with the Compensation Commissioner field.

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



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



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

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

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

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



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

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

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

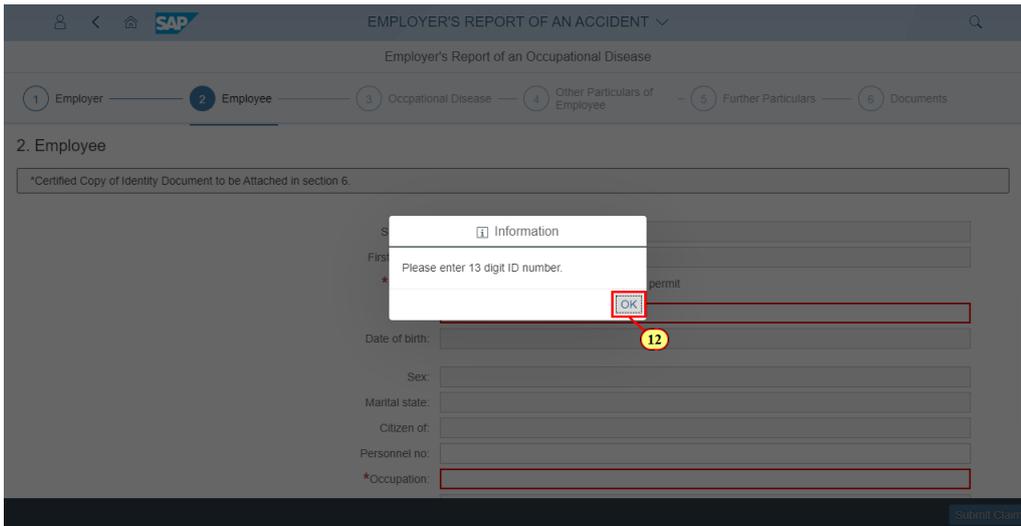
 Based on the type of identity document that the employee has, the user can select the relevant Radio button.

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



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

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



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



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

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

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



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

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

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

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



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

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

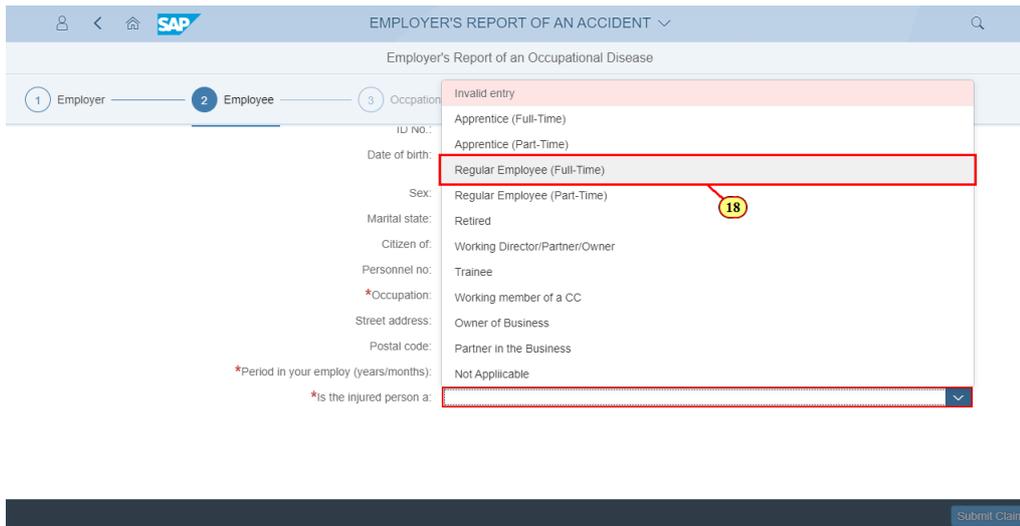
1.1.17. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome

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



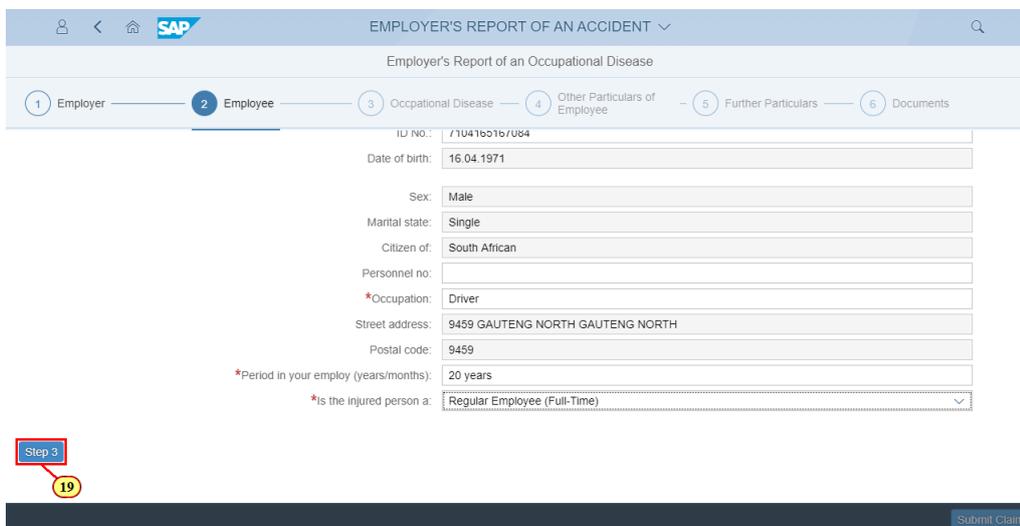
Step	Action
[17]	Click the Is the injured person a  drop down option button to display the available list.

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



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

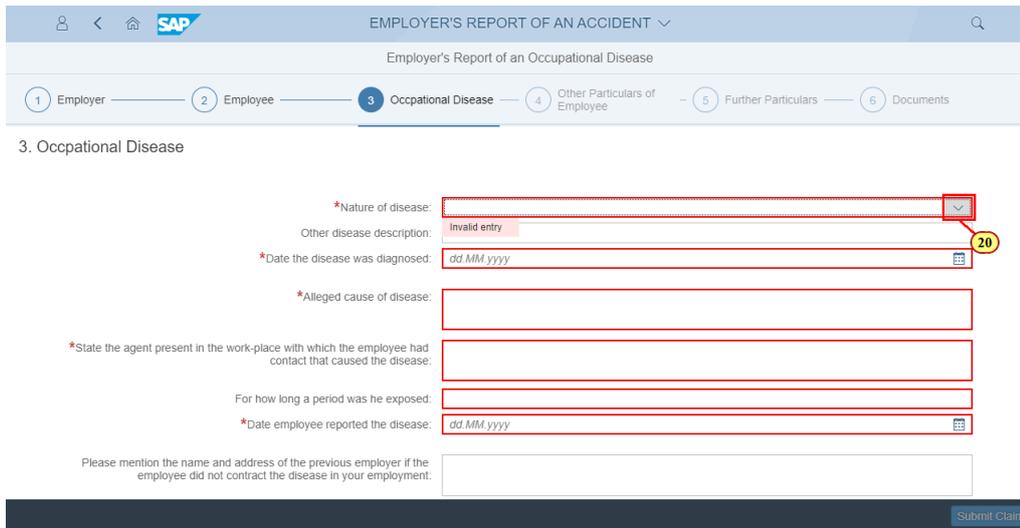
1.1.19. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome





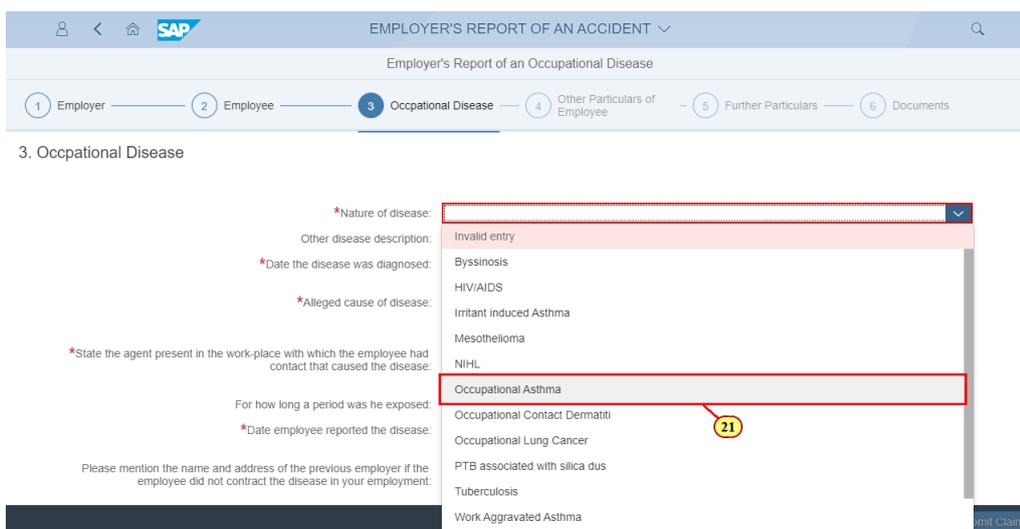
Step	Action
[19]	Click the Step 3  button to display the next task.

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



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

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





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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

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

3. Occupational Disease

*Nature of disease: Occupational Asthma

Other disease description: 02.06.2019

*Date the disease was diagnosed: dd.MM.yyyy

*Alleged cause of disease:

*State the agent present in the work-place with which the employee had contact that caused the disease:

For how long a period was he exposed:

*Date employee reported the disease: dd.MM.yyyy

Please mention the name and address of the previous employer if the employee did not contract the disease in your employment:

Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

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

3. Occupational Disease

*Nature of disease: Occupational Asthma

Other disease description:

*Date the disease was diagnosed: 02.06.2019

*Alleged cause of disease: Invalid entry

*State the agent present in the work-place with which the employee had contact that caused the disease:

For how long a period was he exposed:

*Date employee reported the disease: dd.MM.yyyy

Please mention the name and address of the previous employer if the employee did not contract the disease in your employment:

Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

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

3. Occupational Disease

*Nature of disease: Occupational Asthma

Other disease description:

*Date the disease was diagnosed: 02.06.2019

*Alleged cause of disease: Toxic gases

*State the agent present in the work-place with which the employee had contact that caused the disease:

For how long a period was he exposed: 24

*Date employee reported the disease: dd MM yyyy

Please mention the name and address of the previous employer if the employee did not contract the disease in your employment:

Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

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

3. Occupational Disease

*Nature of disease: Occupational Asthma

Other disease description:

*Date the disease was diagnosed: 02.06.2019

*Alleged cause of disease: Toxic gases

*State the agent present in the work-place with which the employee had contact that caused the disease: Chloro 10 years

For how long a period was he exposed:

*Date employee reported the disease: dd MM yyyy

Please mention the name and address of the previous employer if the employee did not contract the disease in your employment:

Submit Claim



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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

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

3. Occupational Disease

*Nature of disease: Occupational Asthma

Other disease description:

*Date the disease was diagnosed: 02.06.2019

*Alleged cause of disease: Toxic gases

*State the agent present in the work-place with which the employee had contact that caused the disease: Chlorine gases

For how long a period was he exposed: 10 years

*Date employee reported the disease: dd MM/yyyy

Please mention the name and address of the previous employer if the employee did not contract the disease in your employment:

Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

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

3. Occupational Disease

*Nature of disease: Occupational Asthma

Other disease description:

*Date the disease was diagnosed: 02.06.2019

*Alleged cause of disease: Toxic gases

*State the agent present in the work-place with which the employee had contact that caused the disease: Chlorine gases

For how long a period was he exposed: 10 years

*Date employee reported the disease: 02.02.2019

Please mention the name and address of the previous employer if the employee did not contract the disease in your employment:

Submit Claim

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

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

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

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



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

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

Earnings of employee at the time of the diagnosis of the disease. *Attach copy of payslip as at time of diagnoses in section 6.

Basic earning: R/Week R/Month

Gross cash earnings:(including average payments for overtime and/or commission of a constant character): R/Month

Allowances of a recurrent nature: Bonuses (i.e. 13th cheque): R/Month

Allowance of a recurrent nature:Other allowances (Specify nature): R/Month

Cash value of free food: R/Month

Cash value of free quarters: R/Month

Are you prepared to make cash payments during temporary disablement that last longer than three months?: Yes No

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

Submit Claim

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

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

Earnings of employee at the time of the diagnosis of the disease. *Attach copy of payslip as at time of diagnoses in section 6.

Basic earning: R/Week R/Month

Gross cash earnings:(including average payments for overtime and/or commission of a constant character): R/Month

Allowances of a recurrent nature: Bonuses (i.e. 13th cheque): R/Month

Allowance of a recurrent nature:Other allowances (Specify nature): R/Month

Cash value of free food: R/Month

Cash value of free quarters: R/Month

Are you prepared to make cash payments during temporary disablement that last longer than three months?: Yes No

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

Submit Claim





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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

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

4. Other Particulars of Employee

Earnings of employee at the time of the diagnosis of the disease. *Attach copy of payslip as at time of diagnoses in section 6.

Basic earning: R/Week R/Month

Gross cash earnings (including average payments for overtime and/or commission of a constant character):

Allowances of a recurrent nature: Bonuses (i.e. 13th cheque):

Allowance of a recurrent nature: Other allowances (Specify nature):

Cash value of free food:

Cash value of free quarters:

Are you prepared to make cash payments during temporary disablement that last longer than three months? Yes No

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

Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

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

4. Other Particulars of Employee

Earnings of employee at the time of the diagnosis of the disease. *Attach copy of payslip as at time of diagnoses in section 6.

Basic earning: R/Week R/Month

Gross cash earnings (including average payments for overtime and/or commission of a constant character):

Allowances of a recurrent nature: Bonuses (i.e. 13th cheque):

Allowance of a recurrent nature: Other allowances (Specify nature):

Cash value of free food:

Cash value of free quarters:

Are you prepared to make cash payments during temporary disablement that last longer than three months? Yes No

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

Submit Claim

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

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

Earnings of employee at the time of the diagnosis of the disease. *Attach copy of payslip as at time of diagnoses in section 6.

Basic earning: R/Week R/Month

Gross cash earnings (including average payments for overtime and/or commission of a constant character): 14000

Allowances of a recurrent nature: Bonuses (i.e. 13th cheque): 12000

Allowance of a recurrent nature: Other allowances (Specify nature): 800

Cash value of free food: 0

Cash value of free quarters: 0

Are you prepared to make cash payments during temporary disablement that last longer than three months? Yes No

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

Submit Claim

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

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

Earnings of employee at the time of the diagnosis of the disease. *Attach copy of payslip as at time of diagnoses in section 6.

Basic earning: R/Week R/Month

Gross cash earnings (including average payments for overtime and/or commission of a constant character): 14000

Allowances of a recurrent nature: Bonuses (i.e. 13th cheque): 12000

Allowance of a recurrent nature: Other allowances (Specify nature): 800

Cash value of free food: 0

Cash value of free quarters: 0

Are you prepared to make cash payments during temporary disablement that last longer than three months? Yes No

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

Submit Claim

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

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

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

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



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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

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

Cash value of free food: 0
Cash value of free quarters: 0

Are you prepared to make cash payments during temporary disablement that last longer than three months? Yes No

*If you have already paid cash (earnings) to the employee, state the total amount R: 32000

For what period were such payment made? From: dd.MM.yyyy To: dd.MM.yyyy

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

"If the employee has not yet resumed work, a Resumption Report (W.CL.6) must be submitted as soon as the employee resumes duty."

Step 5

Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

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

Cash value of free food: 0
Cash value of free quarters: 0

Are you prepared to make cash payments during temporary disablement that last longer than three months? Yes No

*If you have already paid cash (earnings) to the employee, state the total amount R: 32000

For what period were such payment made? From: 01.06.2019 To: dd.MM.yyyy

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

"If the employee has not yet resumed work, a Resumption Report (W.CL.6) must be submitted as soon as the employee resumes duty."

Step 5

Submit Claim



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

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

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

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



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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

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

5. Further Particulars

*If the employee did to your knowledge receive compensation previously for the same disease or another disease or in respect of an accident, give particulars:

Invalid entry

Was the disease caused by the employee's-:

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

If Yes, furnish an explanatory statement: _____

* (b) Deliberate disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of diseases:

If Yes, furnish an explanatory statement: _____

(N.B. If any reply is in affirmative the employee must finish an explanatory statement which must then be attached hereto together with your comments thereon.)

Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

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

5. Further Particulars

*If the employee did to your knowledge receive compensation previously for the same disease or another disease or in respect of an accident, give particulars: n/a

Was the disease caused by the employee's-:

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

If Yes, furnish an explanatory statement: _____

* (b) Deliberate disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of diseases:

If Yes, furnish an explanatory statement: _____

(N.B. If any reply is in affirmative the employee must finish an explanatory statement which must then be attached hereto together with your comments thereon.)

Submit Claim



Step	Action
[43]	Click to select the No <input type="radio"/> radio button.

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

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

5. Further Particulars

*If the employee did to your knowledge receive compensation previously for the same disease or another disease or in respect of an accident, give particulars: n/a

Was the disease caused by the employee's:-

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

* (b) Deliberate disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of diseases: Yes No

If Yes, furnish an explanatory statement:

(N.B. If any reply is in affirmative, the employee must finish an explanatory statement which must then be attached hereto together with your comments thereon.)

Submit Claim

Step	Action
[44]	Click to select the No <input type="radio"/> radio button.

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

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

5. Further Particulars

*If the employee did to your knowledge receive compensation previously for the same disease or another disease or in respect of an accident, give particulars: n/a

Was the disease caused by the employee's:-

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

* (b) Deliberate disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of diseases: Yes No

If Yes, furnish an explanatory statement:

(N.B. If any reply is in affirmative, the employee must finish an explanatory statement which must then be attached hereto together with your comments thereon.)

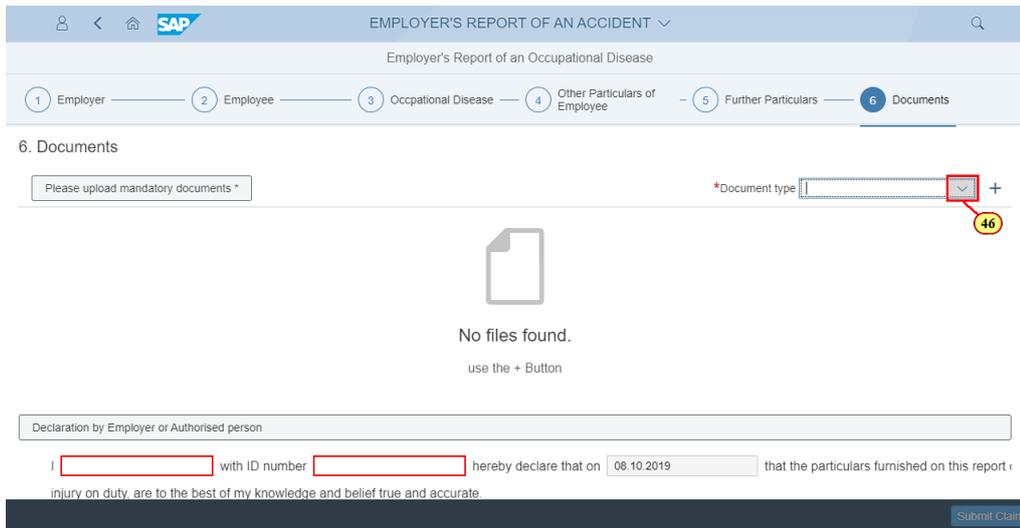
Step 6

Submit Claim



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

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



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

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



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

The screenshot shows the SAP interface for 'EMPLOYER'S REPORT OF AN ACCIDENT'. The breadcrumb trail indicates the current step is '6. Documents'. A dropdown menu for '*Document type' is open, showing options like 'Passport', 'SA ID *', 'Employer's Report of Occ. Disease WCL1 *', and 'First Medical Report - Occ. Disease WCL22 *'. The 'SA ID *' option is highlighted with a red box. Below the dropdown, there is a 'Please upload mandatory documents *' section with a 'No files found' message and a '+ Button'. A declaration section is also visible, with a date field set to '08.10.2019' and a 'Submit Claim' button at the bottom right.

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

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

This screenshot is similar to the previous one, but the '*Document type' dropdown is set to 'SA ID *'. A red box highlights the '+ Button' next to the dropdown menu. The rest of the form, including the declaration section and the 'Submit Claim' button, remains the same.

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



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

EMPLOYER'S REPORT OF AN ACCIDENT

1 Employer — 2 Employee — 6 Documents

Please upload mandatory documents *

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

Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

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

Please upload mandatory documents *

*Document type SA ID *

SA ID.pdf
47.6 KB

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

Submit Claim

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



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

The screenshot shows the SAP interface for 'EMPLOYER'S REPORT OF AN ACCIDENT'. The breadcrumb trail includes: 1 Employer, 2 Employee, 3 Occupational Disease, 4 Other Particulars of Employee, 5 Further Particulars, and 6 Documents. Under the 'Documents' section, there is a 'Please upload mandatory documents *' button and a '*Document type' dropdown menu. The dropdown menu is open, showing options: Passport, SA ID *, Employer's Report of Occ. Disease WCL1 * (highlighted with a red box and a yellow circle containing '51'), First Medical Report - Occ. Disease WCL22 *, Lung Function Test *, Prescription For Medication *, Histology/Cytology Results, Clinical Evaluation by Occ. Therapist, Laboratory Sputum Results(MCS/MTB/RF/GEN), Audiograms, Laboratory Blood Results, and Skin Patch Test Results. Below the dropdown, there is a declaration field: 'I [red box] with ID number [red box] hereby declare that on 08.10.2019 injury on duty, are to the best of my knowledge and belief true and accurate.' A 'Submit Claim' button is at the bottom right.

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

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

The screenshot shows the same SAP interface as above. The '*Document type' dropdown menu is now closed, and the '+' button next to it is highlighted with a red box and a yellow circle containing '52'. The rest of the form, including the declaration field and the 'Submit Claim' button, remains the same.

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



1.1.53. Open

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

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

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



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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

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

6. Documents

Please upload mandatory documents *

*Document type: Employer's Report of Occ. Disease WCL1

- Passport
- SA ID *
- Employer's Report of Occ. Disease WCL1 *
- First Medical Report - Occ.Disease WCL22 *
- Lung Function Test *
- Prescription For Medication
- Histology/Cytology Results
- Clinical Evaluation by Occ. Therapist
- Laboratory Sputum Results(MCS/MTB/RF/GEN)
- Audiograms
- Laboratory Blood Results
- Skin Patch Test Results

WCL 1.pdf
55.5 KB

SA ID.pdf
47.6 KB

Declaration by Employer or Authorised person

I, [redacted] with ID number [redacted] hereby declare that on 08.10.2019 injury on duty, are to the best of my knowledge and belief true and accurate.

Submit Claim

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

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

EMPLOYER'S REPORT OF AN ACCIDENT

Employer's Report of an Occupational Disease

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

6. Documents

Please upload mandatory documents *

*Document type: First Medical Report - Occ.Disease WCL22

- First Medical Report - Occ.Disease WCL22 *
- Lung Function Test *

WCL 1.pdf
55.5 KB

SA ID.pdf
47.6 KB

Declaration by Employer or Authorised person

I, [redacted] with ID number [redacted] hereby declare that on 08.10.2019 that the particulars furnished on this report injury on duty, are to the best of my knowledge and belief true and accurate.

Submit Claim

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



1.1.57. Open

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

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

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



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

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

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

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



1.1.61. Open

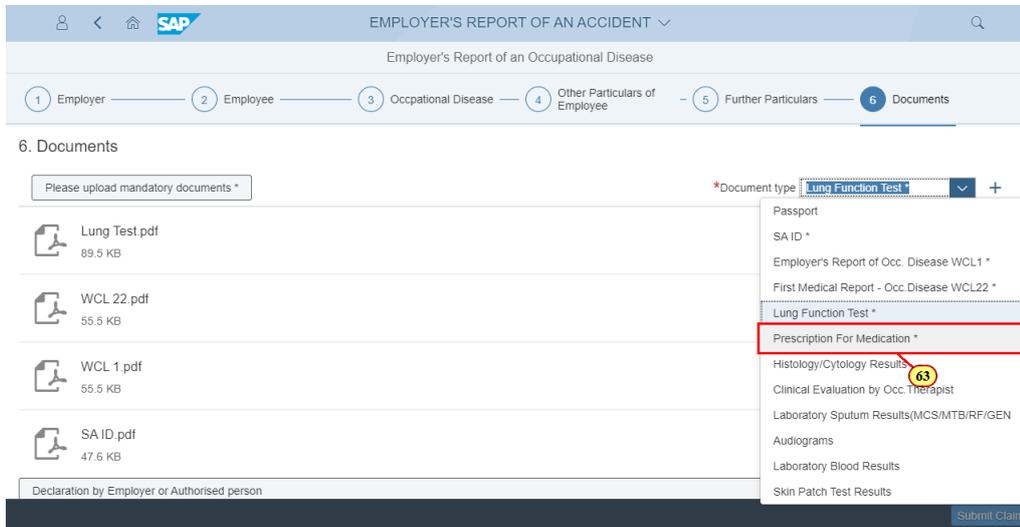
Step	Action
[61]	Double click on the Lung Test.pdf  Lung Test.pdf file to select it.

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

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

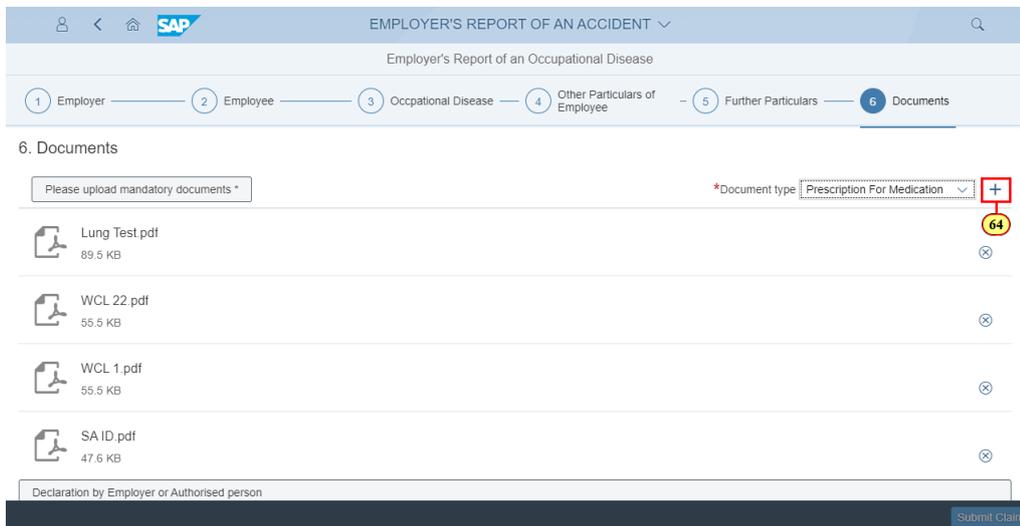


1.1.63. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



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

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



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



1.1.65. Open

The screenshot shows the SAP interface for 'EMPLOYER'S REPORT OF AN ACCIDENT'. A file explorer window is open, displaying a list of files on the Desktop. The file 'Prescription Medication .pdf' is selected and highlighted with a red box. A yellow circle with the number '65' is placed over the file name. Below the dialog, a declaration form is visible with a 'Submit Claim' button.

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

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

The screenshot shows the SAP interface for 'EMPLOYER'S REPORT OF AN ACCIDENT' in Google Chrome. The 'Documents' section is visible, showing a list of uploaded files: Prescription Medication .pdf (89.5 KB), Lung Test.pdf (89.5 KB), WCL 22.pdf (55.5 KB), and WCL 1.pdf (55.5 KB). A 'Submit Claim' button is at the bottom right, with a yellow circle and the number '66' next to it.

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



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

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

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

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



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

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

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

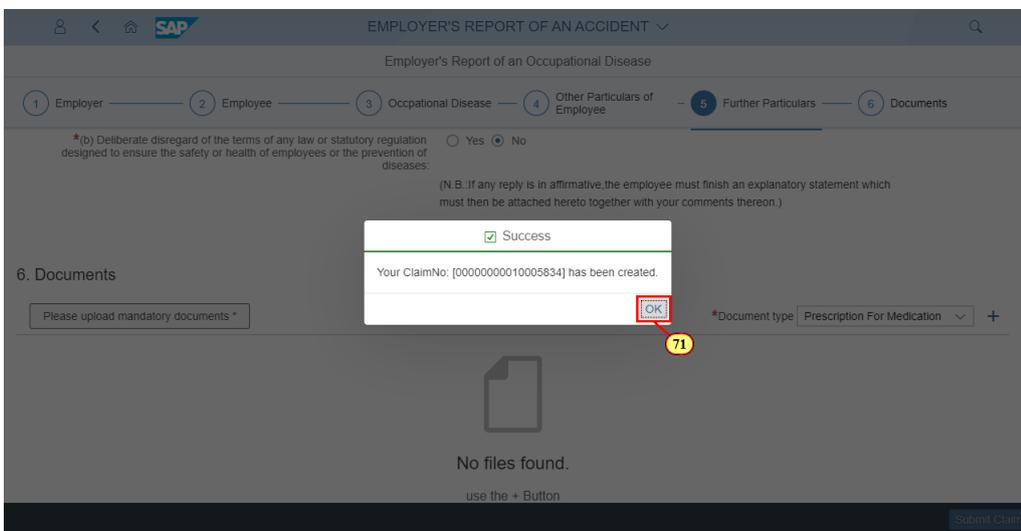
1.1.70. EMPLOYER'S REPORT OF AN ACCIDENT - Google Chrome



	Please take note of the Confirm message displayed in the pop-up window.
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Step	Action
[70]	Click the Yes  button to confirm the submission.

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



	Please take note of the message displayed in the pop-up window indicating the claim number.
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Step	Action
[71]	Click the OK  button to acknowledge the message.



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

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

1.1.73. Home - Google Chrome

	Well done! You have successfully completed lodging a claim.
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