



INSPECTION AUTHORITY

In accordance with the Provisions of the Occupational Health and Safety Act No.85 of 1993

REGISTERED CONSULTANTS

In respect of the Compensation for Occupational Injuries and Diseases Act No.130 of 1993

COMPLIANCE AGENTS

Implementation, maintenance and interaction

Phone: (011) 675-1280
Website: www.scottsafe.co.za
e-mail: compliance@scottsafe.co.za

Postnet Suite 593
Private Bag X09
WELTEVREDENPARK, 1715
Regional Offices – Cape Town / Durban



COMPENSATION FUND GUIDE ON CLAIMS

Occupational Health and Safety Act No 85 of 1993

Compensation for Occupational Injuries and Diseases Act No 130 of 1993

*Copyright © vests in SCOTT-SAFE Est 1992
All rights reserved
Amended: February 2022*



You're Safer With Us!



COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

CONTENTS

Who is an employee?	Par 1
Who is an employer?	Par 2
What is an accident?	Par 3
Which accidents must be reported?	Par 4
Procedure when reporting an accident?	Par 5
Recording of accidents by the Commissioner	Par 6
What is an Occupational Disease?	Par 7
Procedure when reporting an Occupational Disease	Par 8
Dispatch of further documents	Par 9
Accidents	Par 9.1
Occupational Diseases	Par 9.2
General	Par 10
Benefits to employees	Par 11

1. WHO IS AN EMPLOYEE?

- 1.1 Any person who has entered into a contract of service with an employer. The service contract can be in writing, expressed or implied and applies to temporary, permanent and under aged workers and is defined in section 1 of the Act.
- 1.2 This Act is not applicable to domestic employees employed as such in a private household.

2. WHO IS AN EMPLOYER?

- 2.1 Any person including the State, who employs an employee,.

3. WHAT IS AN ACCIDENT?

- 3.1 It is an occurrence of which the date, time and place can be determined that arises out of and in the course of an employee's employment and resulting in a personal injury or death.

4. WHICH ACCIDENTS MUST BE REPORTED?

- 4.1 All accidents or alleged accidents that entail medical expenses and/or absence from work for more than three days must be reported within seven days in the prescribed manner. For procedure, refer to paragraph 5
- 4.2 The delay to report an accident or alleged accident is a criminal offence. The Commissioner may also impose a penalty on the employer which could be to the full amount of the claim.

5. PROCEDURE WHEN REPORTING AN ACCIDENT

- 5.1 *Step 1:* Complete "PART A" of form W.Cl. 2 "Employer's Report of an Accident", sign it and provide date where indicated.
Step 2: Detach "PART B" where perforated and provide it without delay to the doctor or hospital concerned.
Step 3: Complete "PART A" page 2 in full
Step 4: Forward the completed form W.Cl.2 "PART A" pages 1 and 2 without delay to:
The Compensation Commissioner
P O Box 955
Pretoria 0001

6. RECORDING OF ACCIDENTS BY THE COMMISSIONER

- 6.1 Upon receipt of the Employer's Report of Accident, (W.Cl.2) and a First Medical Report (W.Cl.4) the claim will be considered and if liability is accepted a postcard (W.Cl.56) will be addressed to the employer. The claim number allocated will appear on this card.
- 6.2 If liability cannot at that stage be accepted an acknowledgement card (W.Cl.55) will be addressed to the employer, providing the claim number allocated.
- N.B. EMPLOYERS ARE REQUESTED TO QUOTE THIS NUMBER IN ALL CORRESPONDENCE WITH THE COMMISSIONER RELATING TO THE ACCIDENT,** as this will greatly facilitate the filing of correspondence and relevant documents on the appropriate file and will expedite finalisation of the claim.
- 6.3 The basic information to identify a claim is as follows:
- 6.3.1 The registered trade name and registration number as registered with the Commissioner.
 - 6.3.2 The full names and surname of the injured employee (not nicknames).
 - 6.3.3 The employee's identity number/personnel number and date of birth.
 - 6.3.4 The date of the accident.
- 6.4 The above mentioned information is captured on the computer and any discrepancies can result in duplication of claims, or that documents cannot be associated with an existing claim.

7. WHAT IS AN OCCUPATIONAL DISEASE?

It is a disease arising out of and contracted in the course of an employee's employment and which is listed in Schedule 3 to the Act.

8. PROCEDURE WHEN REPORTING AN OCCUPATIONAL DISEASE

- 8.1 An employer must within 14 days after he gained knowledge of an alleged occupational disease complete an "Employer's Report of an Occupational Disease" W.Cl.1 and forward it to the Compensation Commissioner, P O Box 955, Pretoria, 0001.
- 8.2 The commencement of the disease shall be the date on which the doctor first diagnosed the illness.
- 8.3 The occupational disease will be recorded in the same way as discussed in paragraphs 6.1 – 6.4

9. DISPATCH OF FURTHER DOCUMENTS

9.1 ACCIDENTS

- 9.1.1 When the First Medical Report in respect of an accident (W.Cl.4) was not posted together with employer's accident report. It must be obtained without delay and submitted to the Commissioner. In cases of prolonged absence a Progress Medical Report (W.Cl.5) must be obtained monthly from the practitioner and submitted. When the employee resumes work, a Resumption Report (W.Cl.6) must be completed and submitted to the Commissioner together with the Final Medical Report in respect of an accident (W.Cl.5)
- 9.1.2 The Employer's Report of an Accident must not be kept in abeyance awaiting the medical report.
- 9.1.3 The medical reports must not be kept in abeyance until the employee's condition has stabilised or when he has resumed work.

Fatal accidents

- 9.1.4 If the accident resulted in the employee's death the following documents must be submitted without delay:
- 9.1.5 Documentary proof indicating the cause of death.
- 9.1.6 If the employee leaves a widow/widower and/or children under the age of 18 years as dependants:
- (a) A marriage certificate
 - (b) Birth certificates/baptismal certificates/sworn statements regarding the age of the widow/widower.
 - (c) Birth certificates/baptismal certificates/sworn statements regarding the ages of all the children
 - (d) A Claim for Compensation (W.Cl.3.)
 - (e) A statement by the dependant widow/widower of the deceased employee (W.Cl.32.)
- 9.1.7 A specified burial account and if paid also the receipt.

9.2 OCCUPATIONAL DISEASES

In the case of an alleged occupational disease, the employer must irrespective of the W.Cl.1. also submit the following documents:

- 9.2.1 A First Medical Report for an Occupational Disease (W.Cl.22)
- 9.2.2 A Claim for Compensation for an Occupational Disease (W.Cl.14)
- 9.2.3 A Progress medical report must be submitted monthly until the employee's condition has become stabilised whereafter a final medical report for Occupational Disease (W.Cl.26) must be submitted
- 9.2.4 In cases of deafness as a result of excessive noise at the employee's workplace, audiograms must also be submitted.

10. GENERAL

10.1 **Medical expenses**

10.1.1 All reasonable medical expenses incurred by or on behalf of an employee in respect of medical treatment necessitated is defrayed by the Compensation Commissioner or the carrier of the risk, provided the accident/occupational disease was reported by the employer in the prescribed manner. Under no circumstances should employers pay the accounts themselves

10.2 **Transport of an injured employee**

The reasonable expenses incurred for the conveyance of an employee injured in an accident that necessitated his conveyance to a hospital or to his residence, will be refunded from the Compensation Fund or by the carrier of the risk.

10.3 The Commissioner or any Regional Office of the Department of Labour may be contacted for any information and assistance regarding matters within the scope of the Act.

10.4 Forms that are required for accidents/.occupational diseases can be obtained from the above mentioned offices.

10.5 **Important aspects which should be considered:**

10.5.1 The employer in whose service the employee was at the time of the accident is liable for the payment of compensation for the first three months from the date of the accident and will be refunded by the Commissioner.

10.5.2 No payments will be made for the temporary total disablement or temporary partial disablement which lasted for three days or less.

COMPENSATION FUND CONTACT DETAILS:

P O BOX 955
PRETORIA
0001

TEL: 0860 105 350
012 319 9111

FAX: 012 326 1570
012 357 1772