

INJURY ON DUTY

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DIE VERANDERING IN ONDERWYS
THE CHANGE IN EDUCATION



What if I fall ??



SΔOU

Who can CLAIM from the Workmen's Compensation Fund?

Who is an employee?

- Any person who has entered into a contract of service with an employer
- A contract can be in writing, expressed or implied
- Applies to temporary, permanent or under aged workers – Section 1 of the Acr
- Act is not applicable to domestic workers in a private household

Who is an employer?

- Any person who employs an employee
- Including the state



How do I register/pay for Workmen's Compensation?

- ✓ Register with the Department of Labour
- ✓ Employer through C-filing
- ✓ Your auditor
- ✓ Pay once a year
- ✓ Depends on amount of workers, type of workplace, etc
- ✓ You will receive a certificate

SAOU



What is an Occupational Injury/accident?

SAOU

- ✓ During employment – work day
- ✓ A date, time and place can be determined
- ✓ Results in personal injury

Which occupational accidents/injuries must be reported?

- ✓ Any injury that entails medical expenses and/or absence from work for MORE THAN THREE DAYS
- ✓ Must be reported within SEVEN days
- ✓ The prescribed procedure must be followed
- ✓ NB! Delay to report an accident is a **criminal offence**
- ✓ A penalty can also be imposed on the employer – it could be the full amount of the claim



SΔOU

Procedure when reporting an occupational accident/injury

STEP 1

- ✓ Complete form W. C1.2 – PART A – Employer's report of an occupational injury
- ✓ Sign it
- ✓ Provide the date





labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

W.CL2

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993
Section 6(A) – Annexure 13

EMPLOYER'S REPORT OF AN ACCIDENT

(For official use only)

Claim No.:
Provincial Office

Date:

DIRECTIONS FOR COMPLETING OF FORM BY EMPLOYER

This form must be completed:

- (1) Whenever an employee meets with an accident arising out of and in the course of his/her employment resulting a personal injury for which medical treatment is required, or death.
- (2) Whenever an employee reports any personal injury to his/her employer, if in making the report the employee alleges that such injury arose out of and in the course of his/her employment.

(Where the accident has caused death, unconsciousness or amputation or where the injured employee is presumed unable to work for a period of at least 14 days, the Provincial Executive Manager of Labour must ALSO be notified by telephone or fax, without delay).

Step 1 Complete "Part A", page 1 of the form by giving full details, sign and date form where indicated.

Step 2 Detach "Part B" (an automatic copy of "Part A", page 1) by tearing it at the perforation, hand "Part B" to the employee and request him/her to hand it to the medical practitioner/chiropractor or the hospital concerned. **In serious cases "Part B" must be forwarded to the medical practitioner/chiropractor or the hospital without delay.**

Step 3 Complete "Part A", page 2 of the form by giving full details.

Step 4 **Forward the completed report of an accident together with a certified copy of the employee's ID and the First Medical Report (W.CL4) (if available) to:**

THE COMPENSATION COMMISSIONER

COMPENSATION HOUSE

CNR. SOUTPANSBERG AND HAMILTON ROAD
P.O. BOX 955
PRETORIA
0001

Call Centre 086 010 5350
Fax (012) 323-8627
(012) 325-6686
(012) 326-7889
(012) 323-6986

e-mail • cf4info@labour.gov.za
Website • <http://www.labour.gov.za>

N.B.:

- 1) Complete a separate form in respect of each injured employee.
- 2) This form must be delayed in expectation of the employee resuming employment or awaiting medical reports.
- 3) An employer who fails to report any accident within 7 days to the Compensation Commissioner on this form, shall be guilty of an offence in terms of the Compensation for Occupational Injuries and Disease Act, 1993 and may held liable for the full amount of compensation payable in respect of such accident.
- 4) An employer who fails to report accidents that have caused death, unconsciousness or amputation or cases where the injured employee is presumed unable to work for a period of at least fourteen days to the Provincial Executive Manager of Labour by telephone or fax, shall be guilty of an offence in terms of the occupational Health and Safety Act, 1993.
- 5) Use the appropriate form or the reporting of occupational diseases. (W.CL1).
- 6) If an injured employee should leave your employ, please keep record of the address where he/she can be reached so that monies which might be payable to him/her from the Compensation Fund, can be sent to him/her with your assistance.
- 7) Minor injuries where no medical attention was required should not be reported, however a record should be kept of such injuries.

STEP 2

- Detach PART B where perforated
- Forward immediately to doctor/hospital
- In minor cases, PART B must accompany the employee



STEP 3

- Complete PART A on Page 2 in full

STEP 4

- Forward completed form W.C1.2 PART A (page 1 and 2 immediately

Compensation Commissioner

P.O.Box 955

Pretoria

0001




You can also hand in the form
to your district office and
they will send it to the
Commissioner



STEP 5

- ✓ When the commissioner receive form W.C1.2 and a first medical report W.C1.4, the claim will be considered

W.C1.4

 **labour**
Department:
Labour
REPUBLIC OF SOUTH AFRICA

Claim Number:

FIRST MEDICAL REPORT IN RESPECT OF AN ACCIDENT
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (Act No. 130 OF 1993)
(Section 8A(c) – Commissioner's rules, forms and particulars – Annexure 15)

Names and Surname of employee
Identity Number Address: Postal Code

Name of employer
Address Postal Code

Date of accident

1. Date of your first consultation
2. How did the alleged accident happen?

3. Full clinical description of injury (ies) (not symptoms, signs or syndromes)

4. Describe briefly any ~~pre-existing~~ defect/disease

5. X-rays Date By whom
(Attach report if available)

6. Surgical Procedures: Date By whom
Brief description

7. Anaesthetic: General / Local Duration Date

8. (a) Consultation Yes / No With whom Date
(b) Was the employee referred for physiotherapy? Yes / No Physiotherapist

9. (a) Is the employee unfit for work? Yes / No
(b) Possible date fit for: Light duty Normal duty

I certify that I have by examination, satisfied myself that the injury(ies) of the employee is the result of the accident as described above.

Signature of Medical Practitioner/Chiropractor
Name (Printed) Date (Important)
Address
Postal Code Practice number

N.B.: This report must be handed to the injured employee or sent to the employer within 14 days from the date of first consultation.

Call Centre No.: 086 010 5350 - Fax No.: (012) 323-8627 or (012) 323-6986
E-mail: cf-info@labour.gov.za - Website: www.labour.gov.za

UDS

STEP 6

- ✓ A post card W.C1.56 will be addressed to the employer if the liability is accepted
- ✓ The allocated claim number will appear on the card

IF

- ✓ If liability cannot be accepted, an acknowledgement card W.C1.55 will be provided to employer
- ✓ The claim number that is allocated will be provided

UNOS

**Employers are requested
to quote the claim
number in all
correspondence with
the commissioner**

DOAS

**In cases of prolonged
absence, a progress
medical report – W.C1.5
– must be obtained
monthly from the doctor
and submitted**

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When the employee starts work again, a resumption report – W.C1.6 – as well as a final medical report must be submitted to the commissioner

DOAS

Fatal occupational injury/accident

- ✓ Documentary proof of death
- ✓ If the deceased leaves children under the age of 18 or widow/er – marriage certificate and birth certificates
- ✓ Claim for compensation W.C1.3 P1 and 2
- ✓ Statement by widow/er W.C1.32
- ✓ Specified burial account and the receipt

GENERAL

- ✓ Expenses to transport injured employee to hospital or his/her home will be refunded – proof
- ✓ Under no circumstances must employers pay the expenses themselves
- ✓ Forms that are needed can be obtained from the address that I previously provided
- ✓ No payment will be made for injuries or disablement that lasted for three days or less



SAOU



012 023 1333



saou@saou.co.za



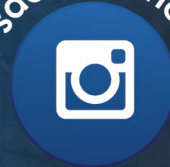
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