labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

Claim Number .....

NOTICE OF ACCIDENT AND CLAIM FOR COMPENSATION

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO. 130 OF 1993
[Section 38(1) AND SECTION 43(1) – Commissioner's rules, forms and particulars – Annexure 14]

This form must be completed by or on behalf of the injured employee/dependants and sent to the Compensation Commissioner, P.O. Box 955, Pretoria, 0001.

(BLOCK LETTERS)

1. EMPLOYEE:

Surname .....

First Names .....

Identity Number ..... Personnel Number .....

Residential address .....

..... Postal Code .....

Postal address .....

Date of birth ..... Sex ..... Married or Single .....

Occupation .....

Contact details .....

2. EMPLOYER:

(i) Name of employer in who's service the accident occurred .....

(ii) Address .....

..... Postal Code .....

3. ACCIDENT

(i) When and where did the accident occur? Date ..... time ..... Place .....

(ii) What was the employee doing at the time and how did the accident occur? .....

.....

(iii) Describe in detail the nature and extent of the injury: .....

.....

(iv) Did anybody see the accident happen? If so, specify: Name: .....

Address: .....

4. THE EMPLOYEE'S EARNINGS AT THE TIME OF THE ACCIDENT

	Per week R	Per month R
Gross cash earnings (including average overtime and/or commissioner of a regular nature)	.....	.....
Allowance of a regular nature	.....	.....
(a) Bonuses (e.g. 13th cheque)	.....	.....
(b) Other (specify)		
.....		
(c) Cash value of quarters	.....	.....
(d) Cash value of food	.....	.....

5. (a) If the accident resulted in the DEATH of the employee, the following information relating to his dependants, on whose behalf if the claims is made, should be given:

Full Name	Address	Date of birth	Relationship with employee

(b) In the case of all OTHER accidents, the following information should be furnished in regard to next-of-kin of the employee:

Full Name	Address	Relationship

5. Compensation in terms of Compensation for Occupational Injuries and Diseases Act, 1993 (previously Workmen's Compensation Act, 1941), is hereby claimed in respect of the accident described above.

I certify that the information in this form is to the best of my knowledge correct.

.....
Signature of employer or person acting on his/her behalf.

Date: .....