

Claim Number:

NOTICE OF ACCIDENT AND CLAIM FOR COMPENSATION

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT NO. 130 OF 1993)

((Previously Workmen's Compensation Act, 1941)

[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:

Date of Birth: Sex: Married or Single:

Occupation:

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

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

Per week R	Per month R
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5. (a) If the accident resulted in the DEATH of the employee, the following information relating to his dependants, on whose behalf the claim 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

6. 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.

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 Signature of employee or person acting on his/her behalf

Date:
