

COMPENSATION FORM WCL3

Eisnommer/Claim number

KENNISGEWING VAN ONGEVAL EN EIS OM VERGOEDING NOTICE OF ACCIDENT AND CLAIM FOR COMPENSATION

WET OP VERGOEDING VIR BEROEPSBESERINGS EN-SIEKTES, 1993 (WET No. 130 VAN 1993)
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (ACT No. 130 OF 1993)

[Voorheen Ongevallewet, 1941] (Previously Workmen's Compensation Act, 1941)

[Artikel 38(1) – Reëls, vorms, en besonderhede van die Vergoedingskommissaris – Aanhangsel 14]

[Section 38 (1) and section 43 (1) – Commissioner's rules, forms and particulars – Annexure 14]

Hierdie vorm moet deur of namens beseerde werknier/afhanklike ingevul en aan die Vergoedingskommissaris, Posbus 955, Pretoria 0001 gestuur word./This form must be completed by or on behalf of the injured employee/dependants and sent to the Compensation Commissioner, PO Box 955, Pretoria 001.

(DRUKSKRIF/BLOCK LETTERS)

1. WERKNEMER – EMPLOYEE:

Van/Surname

Voornaam/First names

Identiteitsnommer/Identity number Personeelnommer/Personnel Number

Woonadres/Residential address Poskode/Postal Code

Geboortedatum Geslag Getroud of ongetroud
Date of birth Sex Married or Single

Geroep/Occupation

2. WERKGEWER – EMPLOYER:

(i) Naam van werkgever in wie se diens die ongeval plaasgevind het
Name of employer in who's service the accident occurred

(ii) Adres/ Address Poskode/Postal Code

3. ONGEVAL – ACCIDENT:

(i) Wanneer en waar het die ongeval plaasgevind? Datum Tyd Plek
When and where did the accident occur? Date Time Place

(ii) Wat het die werknemer op daardie tydsnip gedoen en hoe het die ongeval plaasgevind?/What was the employee doing at the time and how did the accident occur?

(iii) Gee 'n volledige beskrywing van die aard en omvang van die besering/Describe in detail the nature and extent of the injury

(iv) Het iemand die ongeval sien gebeur? Indien ja, meld: Naam/Name
Did anybody see the accident happen? If so, specify: Adres/Address

4. WERKNEMER SE VERDIENSTE TEN TYDE VAN DIE ONGEVAL – THE EMPLOYEE'S EARNINGS AT THE TIME OF THE ACCIDENT

Bruto kontantverdiensie (insluitende gemiddelde oortyd en/of kommissiebetalinge van gereelde aard)/Gross cash earnings (including average overtime and/or commission of a regular nature)

Toelaes van gereelde aard/Allowance of a regular nature

(a) Bonusse (bv. 13de tjek)/Bonuses (e.g. 13th cheque)

(b) Ander (spesifiseer)/Other (specify)

Kontantwaarde van huisvesting/Cash value of quarters

Kontantwaarde van voedsel/Cash value of food

Per week R	Per maand/ month R
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5. (a) As die ongeval die DOOD van die werknemer ten gevolge gehad het, moet onderstaande inligting betreffende sy afhanklikes, ten behoeve van wie die eis ingestel word, verstrek word./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:

Volle naam Full name	Adres Address	Datum van geboorte Date of birth	Verwantskap met werknemer Relationship with employee

- (b) In die geval van alle ANDER ongevalle, moet onderstaande inligting betreffende die naasbestaendes van die werknemer verstrek word./In the case of all OTHER accidents, the following information should be furnished in regard to next of kin of the employee

Volle naam Full name	Adres Address	Verwantskap Relationship

6. Vergoeding ingevolge die Wet op Vergoeding vir Beroepsbeserings en -siektes, 1993 (voorheen Ongevallewet, 1941), word hierby geteis ten opsigte van die ongeval wat hierin beskryf is./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.

Ek bevestig dat volgens my wete die inligting in hierdie vorm vervat korrek is,
I certify that the information in this form is to the best of my knowledge correct

DATUM/DATE:

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Handtekening van werknemer of persoon wat namens hom/haar optree
Signature of employee or person acting on his/her behalf