STAATSKOERANT
VAN DIE REPUBLIEK VAN SUID-AFRIKA

REPUBLIC OF SOUTH AFRICA
GOVERNMENT GAZETTE

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GOEWERMENTSKENNISGEWING

DEPARTEMENT VAN ARBEID

No. R. 143 11 Februarie 1972

ONGEVALLEWET, 1941

WYSIGING VAN REGULASIES

Dit het die Staatspresident behaag om kragtens die bevoegdheid hom verleen by artikel 107 van die Ongevallewet, 1941 (Wet 30 van 1941), die regulasies uitgevaardig by Goewermentskennisgewing R. 581 van 1 September 1961 soos gewysig by Goewermentskennisgewing R. 1580 van 16 Oktober 1964, R. 1474 van 22 September 1967 en R. 1480 van 11 September 1970, verder te wysig soos in die onderstaande Bylae aangedui.

BYLAE

1. Regulasie 9 word hierby gewysig deur subregulasie (2) deur die volgende subregulasies te vervang:

"(2) Skriftelike kennisgewing ingevolge artikel 51 (1) van die Wet deur 'n werkgewer van 'n ongeval moet in die vorm van Aanhangsel 9 of 10 wees en moet ingevul en mee gehandel word ooreenkomstig die voorskrifte daarin vervat.

(3) In die geval van 'n werkgewer wie se besigheidsplek in enige van die gebiede hieronder genoem, geleë is, moet die kennisgewing kragtens subregulasie (2) aan die betrokke Afdelingsinspekteur, Departement van Arbeid, gestuur word, na die adres soos hieronder aangegee en nie direk aan die Kommissaris nie:

(i) Besigheid in die Landdrosdistrikte—
Die Kaap, Wynberg, Bellville, Simonstad — Posbus 872, KAAPSTAD.

(ii) Besigheid in die munisipale gebiede van—
Port Elizabeth, Uitenhage — Privaatsak 3908, PORT ELIZABETH.

(iii) Besigheid in die Landdrosdistrikte—
Durban, Pinetown — Posbus 940, DURBAN.

(iv) Besigheid in die gebied Suidwes-Afrika—
Posbus 1885, WINDHOEK".

GOVERNMENT NOTICE

DEPARTMENT OF LABOUR

No. R. 143 11 February 1972

WORKMEN'S COMPENSATION ACT, 1941

AMENDMENT TO REGULATIONS

The State President has been pleased, under the powers vested in him by section 107 of the Workmen's Compensation Act, 1941 (Act 30 of 1941), to amend further the regulations published under Government Notice R. 581 of 1 September 1961, as amended by Government Notice R. 1580 of 16 October 1964, R. 1474 of 22 September 1967 and R. 1480 of 11 September 1970 as shown in the Schedule hereto.

SCHEDULE

1. Regulation 9 is hereby amended by substituting for subregulation (2) the following subregulations:

"(2) Written notice under section 51 (1) of the Act by an employer of an accident shall be in the form of Annexure 9 or 10 and shall be completed and dealt with in accordance with the instructions contained therein.

(3) In the case of an employer whose place of business is situated in any of the undermentioned areas the notice under subregulation (2) must be forwarded to the appropriate Divisional Inspector, Department of Labour, at the address given below and not to the Commissioner direct:

(i) Business in the Magisterial Districts of—
The Cape, Wynberg, Bellville, Simonstown — P.O. Box 872, CAPE TOWN.

(ii) Business in the Municipal Areas of—
Port Elizabeth, Uitenhage — Private Bag 3908, PORT ELIZABETH.

(iii) Business in the Magisterial Districts of—
Durban, Pinetown — P.O. Box 940, DURBAN.

(iv) Business in the Territory of South-West Africa—
P.O. Box 1885, WINDHOEK".

2. Aanhangsels 3, 6, 9 en 10 van die regulasies word onderskeidelik hierby deur die volgende aanhangsels vervang:

W. As. 9

ONGEVALLEFONDS

(Ongevallewet, 1941)

(Artikel 68, Regulasie 3, Aanhangsel 3)

LOONSTAAT, 19____

Moet ten opsigte van alle werksmense wat NIE LANDBOU beoefen nie, deur werkgewers verstrek word aan—
Die Ongevallekommissaris,
Posbus 955,
Pretoria.
voor of op 31 Maart 19____

1. Naam van besigheid_____

2. (a) Adres waar besigheidsperseel geleë is_____

(b) Landdrosdistrik_____

3. Adres waarheen korrespondensie gestuur moet word_____

4. Naam van eienaar van besigheid_____

5. Indien die besigheid 'n vennootskap of 'n maatskappy met beperkte aanspreeklikheid is, meld die name en adresse van die vennote of direkteure_____

6. Aard van besigheidsbedrywighede_____

7. Meld of dit die hoofbesigheid of 'n afsonderlike tak is_____

8. Verstrek die name en die onderskeie salarisse van werkende direkteure wat vaste salarisse van hoogstens R_____ per jaar ontvang:

_____ R_____
_____ R_____
_____ R_____

* B.A.K. — Blankes, Asiate en Kleurlinge.

VERPLIGTE DEKKING. (Alle werksmense wat tot R_____ per jaar verdien.)

	*B.A.K.	Bantoes
9. Maandelikse gemiddelde getal werksmense in diens gedurende die tydperk 1 Maart 19____ tot die laaste dag van Februarie 19____		
10. Lone vir bogenoemde tydperk:		
(a) Totale kontantbesoldiging aan bogenoemde werksmense betaal	R	R
(b) Kontantwaarde van vry kos en/of vry huisvesting	R	R
(c) Totale salarisse van werkende direkteure	R	R
(d) Totale lone (a) plus (b) plus (c)	R	R
(e) Totale oormaatlone	R	R
(f) Netto totale lone (d) minus (e)	R	R
11. Netto totale lone	R	

VRYWILLIGE DEKKING VIR PERSONE WAT MEER AS R_____ PER JAAR VERDIEN. (Moet alleenlik deur werkgewers wat 'n spesiale reëling aangegaan het, ingevul word.)

12. Maandelikse gemiddelde getal in diens_____

13. Totale bedrag aan lone, bereken teen R_____ per persoon per maand, werklik betaal gedurende die tydperk 1 Maart 19____ tot die laaste dag van Februarie 19____, R_____

VRYWILLIGE PERSOONLIKE DEKKING VIR WERKGEWER WIE SE PERSOONLIKE LONE EN WINSTE NIE R_____ PER JAAR TE BOWE GAAN NIE.

Werklike persoonlike lone en winste vir die tydperk 1 Maart 19____ tot die laaste dag van Februarie 19____

14. Naam_____ R_____

15. Totale lone, items 11, 13 en 14 R_____

Ek/Ons sertifiseer dat bostaande besonderhede korrek is.

Datum_____

Handtekening van werkgewer of sy behoorlik gemagtigde agent

2. The following annexures are hereby substituted for annexures 3, 6, 9 and 10, respectively, to the regulations:

W. As. 8

ACCIDENT FUND

WORKMEN'S COMPENSATION ACT, 1941

(Section 68, Regulation 3, Annexure 3)

WAGE RETURN, 19____

To be rendered by employers in respect of all workmen not engaged in AGRICULTURE to—
The Workmen's Compensation Commissioner,
P.O. Box 955,
Pretoria.
on or before 31 March 19____.

1. Name of business_____
2. (a) Address where business premises are situated_____
   (b) Magisterial district_____
3. Address to which correspondence must be sent_____
4. Name of owner of business_____
5. If business is a partnership or a limited liability company, state names and addresses of partners or directors_____
6. Nature of business operations_____
7. State whether main business or separate branch_____
8. Give the names and the respective salaries of working directors earning fixed salaries not exceeding R_____ per annum:
   _____ R_____
   _____ R_____
   _____ R_____

*E.A.C. — Europeans, Asiatics and Coloureds.

COMPULSORY COVER. (ALL WORKMEN EARNING UP TO R_____ PER ANNUM)

	*E.A.C.	Bantu
9. Monthly average number of workmen employed during the period 1 March 19____ to the last day of February 19____		
10. Wages for the above period:		
(a) Total cash remuneration paid to the above workmen	R	R
(b) Cash value of free food and/or free quarters	R	R
(c) Total salaries of working directors	R	R
(d) Total wages (a) plus (b) plus (c)	R	R
(e) Total excess wages	R	R
(f) Net total wages (d) minus (e)	R	R
11. Net total wages	R	

VOLUNTARY COVER FOR PERSONS EARNING MORE THAN R_____ PER ANNUM

(To be completed only by employers who have entered into a special arrangement)

12. Monthly average number employed_____
13. Total amount of wages actually paid, calculated at the rate of R_____ per person per month, during the period 1 March 19____ to the last day of February 19____ R_____

VOLUNTARY PERSONAL COVER FOR EMPLOYER WHOSE PERSONAL WAGES AND PROFITS DO NOT EXCEED R_____ PER ANNUM

Actual personal wages and profits for the period 1 March 19____ to the last day of February 19____.

14. Name_____ R_____
15. Total wages, items 11, 13 and 14 R_____

I/We certify that the above particulars are correct.

Date_____

Signature of employer or his duly authorised agent

W. Ac. 60

ONGEVALLEWET, 1941

BEVEL KRAGTENS ARTIKEL 73 (4): Regulasie 6-Aanhangsel 6

Tarief / Rand	Lone	Jaar	Finale aanslag	Artikel	Plus boete/ rente	Min voorlopige aanslag	Plus voorlopige aanslag	Bedrag verskuldig

Kantoor van die Ongevallekommissaris,
Posbus 955,
Pretoria.

BEVEL TOT DIE BETALING VAN GELD VERSKULDIG AAN DIE KOMMISSARIS.

NADEMAAL.....

van.....

versuim het om die Ongevallekommissaris die bedrag verskuldig, soos hierbo aangedui, te betaal, SO IS DIT dat hierby beveel word dat genoemde skuldenaar onmiddellik aan die Kommissaris die bedrag verskuldig plus verdere rente op die aanslag teen 5 persent per jaar vanaf die datum van hierdie bevel tot datum van betaling moet betaal.

Gegee onder my hand in PRETORIA, op hede die.....dag van.....19....

.....
Ongevallekommissaris

W. Cl. 2 (A)
DEEL A

L.W.—Hierdie verslag word vereis bo en behalwe enige verslag wat ingevolge die Wet op Fabrieke, Masjinerie en Bouwerk aan die Afdelingsinspekteur van Arbeid verstrek moet word.

Wanneer hierdie bladsy ingevul word, sal die gegewens sonder gebruikmaking van koolpapier outomaties op Deel B direk hieronder gedupliseer wees. Deel B moet dan by die perforasie afgeskeur en oorhandig word aan die dokter wat die werksman behandel of die hospitaal waar hy opgeneem of behandel word. Deel A moet dan ooreenkomstig Regulasie 9 (3) aangestuur word.

(Slegs vir amptelike gebruik)

Eis No.....

ONGEVALLEWET, 1941

[Artikel 51-Regulasie 9 (2)-Aanhangsel 9]

WERKGEWER SE VERSLAG OOR ONGEVAL VAN 'N BLANKE, ASIATIESE OF KLEURLINGWERKSMAN

VERKLARING DEUR WERKGEWER INGEVUL TE WORD

Ek/Ons verklaar hierby dat die besonderhede verstrek in items 1 tot 13 van hierdie verslag oor 'n beweerde besering aan diens, na my/ons beste wete en oortuiging waar en juis is en dat die verdienste van die persoon gemeld in paragraaf 2, hom nie buite die bestek van die Wet plaas nie.

Geteken op hede die.....dag van.....19....

.....
Handtekening van werkgewer

1. *Werkgewer.*—Geregistreerde naam waaronder onderneming handel of besigheid dryf (blokletters).....

Adres.....

Aard van besigheid, bedryf of nywerheid.....

Installasie of besondere afdeling waar werksman in diens is.....

Let wel.—Indien 'n afsonderlike registrasienommer aan hierdie besondere tak, installasie of afdeling toegeken is, vermeld asb. daardie nommer:

Registrasieno.....

2. *Werksman:*—

Van.....
(blokletters)

Voorname.....
(blokletters)

Persoonsnommer as S.A. Burger.....

Woonadres.....

Geboortedatum	Geslag	Getroud of ongetroud	Ras (Blanke Asiaat of Kleurling)

Beroep.....

3. *Ongeval:*—

(a) Wanneer het dit plaasgevind?..... Datum.....19.... Tyd.....m

(b) Waar het dit plaasgevind?..... Plek.....
Distrik.....

W. Ac. 60

WORKMEN'S COMPENSATION ACT, 1941

ORDER UNDER SECTION 73 (4): Regulation 6-Annexure 6

Rate / Rand	Wages	Year	Final assessment	Section	Plus penalty/ interest	Minus provisional assessment	Plus provisional assessment	Amount due

Office of the Workmen's Compensation Commissioner,
P.O. Box 955,
Pretoria.

ORDER FOR THE PAYMENT OF MONEY DUE TO THE COMMISSIONER

WHEREAS.....

of.....

has failed to pay to the Workmen's Compensation Commissioner the amount due as indicated above,

NOW, THEREFORE, it is hereby ordered that the said debtor do forthwith pay to the Commissioner the amount due plus further interest on the assessment at 5 per cent per annum from the date of this order to date of payment.

Given under my hand at Pretoria, this.....day of.....19.....

Workmen's Compensation Commissioner

W. Cl. 2 (E)
PART A

N.B.—This report is required in addition to any report to be submitted to the Divisional Inspector of Labour under the Factories, Machinery and Building Work Act.

On completion of this page, the information will be duplicated automatically on Part B, directly underneath without the use of carbon paper. Part B must then be detached at the perforation and handed over to the doctor treating the workman or to the hospital where he is admitted or treated. Part A must then be forwarded in accordance with Regulation 9 (3).

(For official use only)

Claim No.....

WORKMEN'S COMPENSATION ACT, 1941

[Section 51-Regulation 9 (2)-Annexure 9]

EMPLOYER'S REPORT OF ACCIDENT TO A EUROPEAN, ASIATIC OR COLOURED WORKMAN

DECLARATION TO BE COMPLETED BY EMPLOYER

I/We hereby declare that the particulars shewn in items 1 to 13 of this report of an alleged injury on duty, are to the best of my/our knowledge and belief true and accurate and that the earnings of the person referred to in paragraph 2, do not exclude him from the scope of the Act.

Signed on this .....day of.....19.....

Signature of employer

Employer:—

1. Registered name under which concern trades or carries on business (block letters).....

Address.....

Nature of business, trade of industry.....

Plant or particular section in which workman is employed:.....

Note.—If a separate registration number has been allocated to this particular branch, plant or section, quote this number:

Reg. No.....

2. *Workman:*—

Surname.....
(block letters)

First names.....
(block letters)

S.A. Citizen Identity No.....

Residential address.....

Date of birth	Sex	Married or single	Race (European, Asiatic or Coloured)

Occupation.....

3. *Accident:*—

(a) When did the accident occur?..... Date.....19..... Time.....m.

(b) Where did it occur?..... Place.....
District.....

(c) Hoe het die plaasgevind?.....

(d) Wat het die werksman ten tyde van die ongeval gedoen?.....

(e) Het sy handeling ten tyde van die ongeval verband gehou met die doeleindes van of in verband gestaan met u bedryf of besigheid?.....

(f) Aard van besering wat die werksman opgedoen het (bv. linkerbeen gebreek, regterhandse voorvinger vergruis, sny aan kop of stuk metaal in oog).....

(g) Is u daarvan oortuig dat die werksman beseer is op die wyse deur hom beweer?.....
(Indien nie, verstrek redes asb.).....

(h) Wanneer het die werksman dit aangemeld?..... Datum..... 19..... Tyd..... m

(i) Indien hy versuim het om dit dieselfde dag aan te meld,
(i) wat is sy verduideliking?.....
(ii) is u tevrede met sy verduideliking?.....

(j) Is eerstehulp in hierdie geval toegepas?.....

(k) Hoeveel ander werksmense is in dieselfde ongeluk beseer?.....

Getal Blankes	Getal Kleurlinge	Getal Asiate	Getal Bantoes

4. (a) Hoe lank was hy in u diens?

(b) Het hy na u wete vóór die ongeval 'n liggaamlike gebrek gehad of aan 'n ernstige siekte gely?
Indien wel, verstrek volledige besonderhede

(c) Is die beseerde 'n direkteur of die eienaar van, of 'n vennoot in die besigheid?

5. Verdienste (ten tyde van die ongeval):

	Indien per week besoldig	Indien per maand besoldig
	R	R
(a) Loon (uitgesonderd toelaes)		
(b) Lewenskostetoelae		
(c) Ander toelaes (meld aard)		
(d) Waarde van vry voedsel		
(e) Waarde van vry huisvesting		

6. Sal die werksman gedurende sy tydelike arbeidsongeskiktheid nog die volgende van u ontvang:

(a) Vry voedsel?
(ja of nee)

(b) Vry huisvesting?
(ja of nee)

7. (a) Is u bereid om ooreenkomstig die Wet periodieke bedrae te betaal behoudens latere terugbetaling uit die Ongevallefonds?

(b) As u reeds kontant aan die werksman voorgeskiet het, meld die totale bedrag voorgeskiet: R

8. Meld hoeveel dae hy per week werk

9. (a) Wanneer het die werksman sy werk as gevolg van die besering gestaak?.... Datum..... 19..... Tyd..... m.
(b) Skofure van die werksman op die dag van die ongeval..... Van..... m. tot..... m.
(c) Wanneer het hy werk hervat?..... Datum..... 19..... Tyd..... m.

10. (a) Het iemand die ongeval sien gebeur? Indien wel, meld:..... Naam
Adres

(b) Het iemand anders op daardie tydstip geweet dat dit gebeur het? Indien wel, meld:..... Naam
Adres

11. Is die ongeval veroorsaak deur die werksman se—
(a) opsetlike nie-nakoming van voorskrifte?
(b) roekelose verontagsaming van die bepalings van enige wet of wetteregtelike regulasie wat die veiligheid of gesondheid van werksmense of die voorkoming van ongevalle ten doel het?
(c) dronkenskap?
(As enige antwoord bevestigend is, kan die werksman 'n verduidelikende verklaring aanbied wat dan hierby, tesame met u kommentaar daarop, aangeheg moet word)

12. Indien die Polisie die ongeval ondersoek het, meld die naam van die polisiestasie

13. (a) Wat is die naam van die geneesheer wat die werksman behandel het?..... Dr.
(b) Wat is die naam van die hospitaal waar die werksman behandeling ontvang het?.....

(c) How did it occur?.....

(d) What was the workman doing at the time of the accident?.....

(e) Was his action at the time of the accident relevant to the purposes of, or connected with, your trade or business?.....

(f) Nature of injury sustained by workman (e.g. broken left leg, first finger of right hand crushed, cut to head or piece of metal in eye).....

(g) Are you satisfied that the workman was injured in the manner alleged by him? (If not, please give reasons).....

(h) When did the workman report it?..... Date 19 Time m.

(i) If he failed to report it on the same day,

(i) what is his explanation?.....

(ii) are you satisfied with his explanation?..... m

(j) Was first aid given in this case?.....

(k) How many other workmen were injured in the same accident?.....

Number of Europeans	Number of Coloureds	Number of Asiatics	Number of Bantu

4. (a) How long has been been in your employ?

(b) Did he, to your knowledge, have any physical defect, or did he suffer from any serious disease prior to the accident?

If so, give full particulars

(c) Is the injured person a director or the owner of, or a partner in the business?

5. Earnings (at the time of the accident)—

	If paid per week R	If paid per month R
(a) Wages (excluding allowances).....		
(b) Cost of living allowance.....		
(c) Other allowances (specify nature).....		
(d) Value of free food.....		
(e) Value of free quarters.....		

6. Will the workman during temporary disablement continue to receive from you—

(a) Free food? (yes or no)

(b) Free quarters? (yes or no)

7. (a) Are you prepared to make periodical payments in terms of the Act subject to subsequent refund from the Accident Fund?

(b) If you have already advanced cash to the workman, state the total amount advanced, R

8. State number of days per week worked by the workman

9. (a) When did the workman cease work as a result of the injury..... Date 19 Time m.

(b) Hours of shift of the workman on the day of the accident..... From m. to m.

(c) When did he resume work?..... Date 19 Time m.

10. (a) Did anybody see the accident happen? If so, furnish..... Name Address

(b) Was any other person aware of its occurrence at the time? If so, furnish.... Name Address

11. Was the accident caused by the workman's—

(a) deliberate non-compliance with directions?

(b) reckless disregard of the terms of any law or statutory regulation designed to ensure safety or health of workmen or the prevention of accidents?

(c) drunkenness?,

(If any reply is in the affirmative the workman may furnish an explanatory statement which must then be attached hereto together with your comments thereon).

12. If accident was investigated by the Police, state name of Police Station

13. (a) What is the name of the doctor who treated the workman?..... Dr.

(b) What is the name of the hospital where the workman received treatment?..

7

W. Cl. 2 (A)
Deel B

Hierdie blad moet deur die werkgewer by die perforasie afgeskeur en oorhandig word aan die dokter wat die werksman behandel of die hospitaal waar hy opgeneem of behandel word.

(Slegs vir amptelike gebruik)

Eis No.....

ONGEVALLEWET, 1941

[Artikel 51-Regulasie 9 (2)-Aanhangsel 9]

WERKGEWER SE VERSLAG OOR ONGEVAL VAN 'N BLANKE, ASIATIESE OF KLEURLINGWERKSMAN

ADVIES AAN GENEESHEER OF HOSPITAAL

Ek/Ons verklaar hierby dat die besonderhede verstrek in items 1 tot 13 van hierdie verslag oor 'n beweerde besering op diens, na my/ons beste wete en oortuiging waar en juis is en dat die verdienste van die persoon gemeld in paragraaf 2, hom nie buite die bestek van die Wet plaas nie.

Geteken op hede die..... dag van..... 19.....

Handtekening van werkgewer

1. *Werkgewer.*—Geregistreerde naam waaronder onderneming handel of besigheid dryf (blokletters).....

Adres.....

Aard van besigheid, bedryf of nywerheid.....

Installasie of besondere afdeling waar werksman in dien is.....

Let wel.—Indien 'n afsonderlike registrasienommer aan hierdie besondere tak, installasie of afdeling toegeken is, vermeld daardie nommer:

Registrasieno.....

2. *Werksman:*—

Van..... (blokletters)

Voorname..... (blokletters)

Persoonsnommer as S.A. Burger.....

Woonadres.....

Geboortedatum	Geslag	Getroud of ongetroud	Ras (Blanke, Asiaat of Kleurling)

Beroep.....

3. *Ongeval:*—

(a) Wanneer het dit plaasgevind?..... Datum..... 19..... Tyd..... m.

(b) Waar het dit plaasgevind?..... Plek.....

Distrik.....

(c) Hoe het dit plaasgevind?.....

(d) Wat het die werksman ten tyde van die ongeval gedoen?.....

(e) Het sy handeling ten tyde van die ongeval verband gehou met die doeleindes van of in verband gestaan met u bedryf of besigheid?.....

(f) Aard van besering wat die werksman opgedoen het (bv. linkerbeen gebreek, regterhandse voorvinger vergruis, sny aan kop of stuk metaal in oog).....

W. Cl. 100 (A)
Deel A

L.W. Hierdie verslag word vereis bo en behalwe enige verslag wat ingevolge die Wet op Fabrieke, Masjinerie en Bouwerk aan die Afdelingsinspekteur van Arbeid verstrek moet word.

Wanneer hierdie bladsy ingevul word sal die gegewens sonder gebruikmaking van koolpapier outomaties op Deel B direk hieronder gedupliseer wees. Deel B moet dan by die perforasie afgeskeur en oorhandig word aan die dokter wat die werksman behandel of die hospitaal waar hy opgeneem of behandel word. Deel A moet dan ooreenkomstig Regulasie 9 (3) aangestuur word.

(Slegs vir amptelike gebruik)

Eis No. N.....

ONGEVALLEWET, 1941

[Artikel 51- Regulasie 9 (2)- Aanhangsel 10]

WERKGEWER SE VERSLAG OOR 'N ONGEVAL VAN 'N BANTOEWERKSMAN

VERKLARING DEUR WERKGEWER INGEVUL TE WORD

Ek/Ons verklaar hierby dat die besonderhede verstrek in items 1 to 14 van hierdie verslag oor 'n beweerde besering aan diens na my/ons beste wete en oortuiging waar en juis is en dat die verdienste van die persoon gemeld in paragraaf 2, hom nie buite die bestek van die Wet plaas nie.

Geteken op hede die..... dag van..... 19.....

Handtekening van werkgewer

W. Cl. 2 (E)
Part B

This leaf must be detached by the employer at the perforation and handed over to the doctor treating the workman or to the hospita where he is admitted or treated.

(For official use only)

Claim No.....

WORKMEN'S COMPENSATION ACT, 1941

(Section 51-Regulation 9 (2)-Annexure 9)

EMPLOYER'S REPORT OF ACCIDENT TO A EUROPEAN, ASIATIC OR COLOURED WORKMAN

ADVICE TO MEDICAL PRACTITIONER OR HOSPITAL

I/We hereby declare that the particulars shewn in items 1 to 13 of this report of an alleged injury on duty are to the best of my/our knowledge and belief true and accurate and that the earnings of the person referred to in paragraph 2, do not exclude him from the scope of the Act.

Signed on this.....day of.....19.....

Signature of employer

1. *Employer:—*
Registered name under which concern trades or carries on business (block-letters).....
.....
Address.....
.....
.....

Nature of business, trade of industry.....
.....
Plant or particular section in which workman is employed.....

Note.—If a separate registration number has been allocated to this particular branch, plant or section, please quote this number:
REG. No.....

2. *Workman:—*
Surname.....
(block letters)
First names.....
(block letters)
S.A. Citizen Identity No.....
Residential address.....
.....

Date of birth	Sex	Married or single	Race (European, Asiatic or Coloured)

Occupation.....

3. *Accident:—*
(a) When did the accident occur?..... Date.....19.... Time.....m.
(b) Where did it occur?..... Place.....
District.....
(c) How did it occur?.....
.....
(d) What was the workman doing at the time of the accident?.....
.....
(e) Was his action at the time of the accident relevant to the purpose of, or connected with your trade or business?.....
(f) Nature of injury sustained by workman (e.g. broken left leg, first finger of right hand crushed, cut to head or piece of metal in eye).....
.....

W. Cl. 100 (E)
Part A

N.B.—This report is required in addition to any report to be submitted to the Divisional Inspector of Labour under the Factories, Machinery and Building Work Act.

On completion of this page, the information will be duplicated automatically on Part B directly underneath without the use of carbon paper. Part B must then be detached at the perforation and handed over to the doctor treating the workman or to the hospital where he is admitted or treated. Part A must then be forwarded in accordance with Regulation 9 (3).

(For official use only)

Claim No. N.....

WORKMEN'S COMPENSATION ACT, 1941

[Section 51- Regulation 9 (2)- Annexure 10]

EMPLOYER'S REPORT OF AN ACCIDENT TO A BANTU WORKMAN

DECLARATION TO BE COMPLETED BY EMPLOYER

I/We hereby declare that the particulars shewn in items 1 to 14 of this report of an alleged injury on duty, are to the best of my/our knowledge and belief true and accurate and that the earnings of the person referred to in paragraph 2, do not exclude him from the scope of the Act.

Signed on this.....day of.....19.....

Signature of employer

1. *Werkgewer:*—Geregistreerde naam waaronder onderneming handel of besigheid dryf (blokletters)

Adres

Aard van besigheid, bedryf of nywerheid

Installasie of besondere afdeling waar werksman in diens is

Let wel.—Indien 'n afsonderlike registrasienommer aan hierdie besondere tak, installasie of afdeling toegeken is vermeld asb. daardie nommer:

Registrasieno.

2. *Werksman:*—Voorname (blokletters)	Van (blokletters)	Geslag	Ouderdom	Beroep	Nasionale identiteitsno.	Maatskappy-no.

Groep | Stam

Woonadres

Let wel.—Waar moontlik, moet die naam en adres van die afhanklikes of die nabestaandes gemeld word

3. *Ongeval:*—

(a) Wanneer het dit plaasgevind?... Datum 19 . Tyd m.

(b) Waar het dit plaasgevind?... Plek
Distrik

(c) Hoe het dit plaasgevind?...

(d) Wat het die werksman ten tyde van die ongeval gedoen?...

(e) Het sy handeling ten tyde van die ongeval verband gehou met die doeleindes van of in verband gestaan met u bedryf of besigheid?...

(f) Aard van besering wat die werksman opgedoen het (bv. linkerbeen gebreek, regterhandse voorvinger vergruis, sny aan kop of stuk metaal in oog)...

(g) Het u enige twyfel omtrent die egtheid van die werksman se relaas van die ongeval—Ja of nee?...
(Indien wel, geliewe die redes vir u twyfel volledig per begeleidende brief aan die Ongevallekommissaris te verstrek.)

(h) Wanneer het die werksman dit aangemeld?... Datum 19 . Tyd m.

(i) Indien hy versuim het om dit dieselfde dag aan te meld—

(i) Wat is sy verduideliking?...

(ii) Is u tevrede met hierdie verduideliking?...

(j) Is eerstehulp in hierdie geval toegepas?...

(k) Hoeveel ander werksmense is in dieselfde ongeval beseer?...	Getal Blankes	Getal Kleurlinge	Getal Asiate	Getal Bantoes

4. (a) Hoelank was die werksman by u in diens?...

(b) Het hy na u wete vóór hierdie ongeval 'n liggaamlike gebrek gehad of aan 'n ernstige siekte gely? Indien wel, verstrek volledige besonderhede...

5. Verdienste ten tye van ongeval:	Indien per dag besoldig R	Indien per week besoldig R	Indien per maand besoldig R
(a) Loon (uitgesonderd toelaes)...			
(b) Lewenskostetoelae...			
(c) Ander toelaes (meld aard)...			

6. Hoeveel dae werk die werksman per week?

7. Het die werksman, benewens sy loon, die volgende ontvang?

(a) Vry voedsel (ja of nee)

(b) Vry huisvesting (ja of nee)

Sal die werksman nog gedurende sy tydelike ongeskiktheid die volgende van u ontvang?

(a) Vry voedsel (ja of nee)

(b) Vry huisvesting (ja of nee)

8. (a) Is u bereid om ooreenkomstig die Wet periodieke bedrae te betaal behoudens latere terugbetaling uit die Ongevallefonds?

(b) As u reeds kontant aan die werksman voorgeskiet het, meld die totale bedrag voorgeskiet: R

1. *Employer;*—
Registered name under which concern trades or carries on business (block letters)

Address

Nature of business, trade or industry

Plant, or particular section in which workman is employed

Note.—If a separate registration number has been allocated to this particular branch, plant or section, please quote this number:

Reg. No.

2. *Workman:*—Christian names (block letters)	Surname (block letters)	Sex	Age	Occupation	National Identity No.	Company No.

Group Tribe

Residential address

N.B.—The name and address of dependants or next-of-kin to be stated, if possible

3. *Accident:*—

(a) When did the accident occur?..... Date 19 Time m.

(b) Where did it occur?..... Place
District

(c) How did it occur?.....

(d) What was the workman doing at the time of the accident?.....

(e) Was his action at the time of the accident relevant to the purposes of, or connected with, your trade or business?.....

(f) Nature of injury sustained by workman (e.g. broken left leg, first finger of right hand crushed, cut to head or piece of metal in eye).....

(g) Have you any doubt as to the authenticity of the workman's account of the accident?—Yes or No.....
(If not, kindly give full reasons for your doubt in a covering letter to the Workmen's Compensation Commissioner).

(h) When did the workman report it?..... Date 19 Time m.

(i) If he failed to report it on the same day—

(i) What is his explanation?.....

(ii) Are you satisfied with his explanation?.....

(j) Was first aid given in this case?.....

(k) How many other workmen were injured in the same accident?.....

Number of Europeans	Number of Coloureds	Number of Asiatics	Number of Bantu

4. (a) How long has the workman been in your employ?.....

(b) Prior to this accident, did he, to your knowledge, have any physical defect, or did he suffer from any serious disease? If so, give full particulars.....

5. Earnings at the time of accident:	If paid per day R	If paid per week R	If paid per month R
(a) Wage (excluding allowances).....			
(b) Cost of living allowance.....			
(c) Other allowances (specify nature).....			

6. On how many days does the workman work per week?.....

7. Did the workman in addition to wages receive—

(a) Free food? (yes or no)

(b) Free quarters? (yes or no)

Will the workman during temporary disablement continue to receive from you:

(a) Free food? (yes or no)

(b) Free quarters? (yes or no)

8. (a) Are you prepared to make periodical payments in terms of the Act subject to subsequent refund from the Accident Fund?

(b) If you have already advanced cash to the workman, state the total amount advanced: R

9. (a) Het hy voorheen skadeloosstelling ten opsigte van blywende arbeidsongeskiktheid ontvang?.....
(b) Indien wel, wanneer en by wie het hy toe gewerk?.....

10. (a) Wanneer het die werksman sy werk as gevolg van die besering gestaak?.... Datum.....19..... Tyd.....m.
(b) Skofure van die werksman op die dag van die ongeval..... Van.....m. tot.....m.
(c) Wanneer het hy sy werk hervat?..... Datum.....19..... Tyd.....m.

11. (a) Het iemand die ongeval sien gebeur? Indien wel, meld..... Naam.....
Adres.....
(b) Het iemand anders op daardie tydstip geweet dat dit gebeur het? Indien wel, meld..... Naam.....
Adres.....

12. Is die ongeval veroorsaak deur die werksman se—
(a) opsetlike nie-nakoming van voorskrifte?.....
(b) roekelose verontagsaming van die bepalings van 'n wet of wetteregtelike regulasies wat die veiligheid of gesondheid van werksmense of die voorkoming van ongevalle ten doel het?.....
(c) dronkenskap?.....
(As enige antwoord bevestigend is, kan werksman 'n verduidelikende verklaring aanbied wat dan hierby, tesame met u kommentaar daarop, aangeheg moet word.).....

13. Indien die Polisie die ongeval ondersoek het, meld die naam van die Polisiestasie .....

14. (a) Dui hier aan watter Bantoesakekommissariskantoor die naaste aan u geleë is .....
(b) Wat is die naam van die geneesheer wat die werksman behandel het?..... Dr.....
(c) Wat is die naam van die hospitaal waar die werksman behandeling ontvang het?.....

W. Cl. 100 (A)
DEEL B

Hierdie blad moet deur die werkgewer by die perforasie afgeskeur en oorhandig word aan die dokter wat die werksman behandel of die hospitaal waar hy opgeneem of behandel word.

(Slegs vir amptelike gebruik)

Eis No. N.....

ONGEVALLEWET, 1941

[Artikel 51-Regulasie 9 (2)-Aanhangsel 10]

WERKGEWER SE VERSLAG OOR 'N ONGEVAL VAN 'N BANTOEWERKSMAN

ADVIES AAN GENEESHEER OF HOSPITAAL

Ek/Ons verklaar hierby dat die besonderhede verstrek in items 1 tot 14 van hierdie verslag oor 'n beweerde besering aan diens na my/ons beste wete en oortuiging waar en juis is en dat die verdienste van die persoon waarna in paragraaf 2 verwys word, hom nie buite die bestek van die Wet plaas nie.

Geteken op hede die.....dag van.....19.....

Handtekening van werkgewer

1. *Werkgewer:*—Geregistreerde naam waaronder onderneming handel of besigheid dryf (blokletters).....
Adres.....
Aard van besigheid, bedryf of nywerheid.....
Installasie of besondere afdeling waar werksman in diens is.....
Let wel.—Indien 'n afsonderlike registrasienommer aan hierdie besondere tak, installasie of afdeling toegeken is, vermeld asb. daardie nommer:
Registrasieno.....

2. *Werksman.*—Voorname (blokletters)	Van (blokletters)	Geslag	Ouderdom	Beroep	Nasionale Identiteitsno.	Maatskappyno.

Groep..... Stam.....

Woonadres.....

Let wel.—Waar moontlik, moet die naam en adres van die afhanklikes of die nabestaandes gemeld word.....

9. (a) Has he previously received compensation for permanent disablement?....
(b) If so, when and by whom was he employed at the time?.....

10. (a) When did the workman cease work as a result of the injury?..... Date....19..... Time.....m.
(b) Hours of shift of the workman on day of accident..... From.....m. to.....m.
(c) When did he resume work?..... Date....19..... Time.....m.

11. (a) Did anybody see the accident happen? If so, furnish..... Name.....
Address.....
(b) Was any other person aware of its occurrence at the time? If so, furnish.... Name.....
Address.....

12. Was the accident caused by the workman's—
(a) deliberate violation of rules?.....
(b) reckless disregard of the terms of any law or statutory regulation for ensuring the safety or health of workmen, or the prevention of accidents?
(c) drunkenness?.....
(If any reply is in the affirmative, the workman may furnish an explanatory statement which must then be attached hereto together with your comments thereon).....

13. If accident was investigated by the Police, state name of Police Station.....

14. (a) Indicate here which office of the Bantu Affairs Commissioner is situated nearest to you.....
(b) What is the name of the doctor who treated the workman?..... Dr.....
(c) What is the name of the hospital where the workman received treatment?...

W. Cl. 100 (E)
PART B

This leaf must be detached by the employer at the perforation and handed over to the doctor treating the workman or to the hospital where he is admitted or treated.

(For official use only)
Claim No. N.....

WORKMEN'S COMPENSATION ACT, 1941

[Section 51-Regulation 9 (2)-Annexure 10]

EMPLOYER'S REPORT OF AN ACCIDENT TO A BANTU WORKMAN

ADVICE TO MEDICAL PRACTITIONER OR HOSPITAL

I/We hereby declare that the particulars shewn in items 1 to 14 of this report of an alleged injury on duty are to the best of my/our knowledge and belief true and accurate and that the earnings of the person referred to in paragraph 2, do not exclude him from the scope of the Act.

Signed on this.....day of.....19.....

Signature of employer

1. *Employer:*—
Registered name under which concern trades or carries on business (block letters)
.....
.....
Address.....
.....
.....

Nature of business, trade or industry.....
.....
Plant, or particular section in which workman is employed.....
Note.—If a separate registration number has been allocated to this particular branch, plant or section, please quote this number:
Reg. No.....

2. *Workman:*—Christian names (block letters)	Surname (block letters)	Sex	Age	Occupation	National Identity No.	Company No.

Group..... Tribe.....

Residential address.....
.....

N.B.—The name and address of dependants or next-of-kin to be stated, if possible.....

3. *Ongeval:—*

(a) Wanneer het dit plaasgevind?..... Datum..... 19..... Tyd..... m.

(b) Waar het dit plaasgevind?..... Plek.....
Distrik.....

(c) Hoe het dit plaasgevind?.....

(d) Wat het die werksman ten tyde van die ongeval gedoen?.....

(e) Het sy handeling ten tyde van die ongeval verband gehou met die doeleindes van of in verband gestaan met u bedryf of besigheid?.....

(f) Aard van besering wat die werksman opgedoen het (bv. linkerbeen gebreek, regterhandse voorvinger vergruis, sny aan kop of stuk metaal in oog)...

3. Aanhangsel 6 soos deur regulasie 2 vervang, tree in werking op 1 April 1972.

Geregistreerde pos is nie verseker nie.

Stuur waardevolle artikels per

VERSEKERDE PAKKETPOS

en

Geld deur middel van 'n POSORDER of

POSWISSEL.

✦

Stuur u pakkette per lugpos

——dis vinniger!

✦

RAADPLEEG U PLAASLIKE POSMEESTER.

Werk mooi daarmee.

Ons leef daarvan

3. *Accident:—*

(a) When did the accident occur?..... Date..... 19..... Time..... m.

(b) Where did it occur?..... Place.....
District.....

(c) How did it occur?.....

(d) What was the workman doing at the time of the accident?.....

(e) Was his action at the time of the accident relevant to the purpose of, or connected with, your trade or business?.....

(f) Nature of injury sustained by the workman (e.g. broken left leg, first finger of right hand crushed, cut to head or piece of metal in eye).....

3. Annexure 6 as substituted by regulation 2 shall take effect on 1 April 1972.

Registered mail carries no insurance.

Send valuables by

INSURED PARCEL POST

and

Money by means of a POSTAL ORDER or

MONEY ORDER.

✦

Use air mail parcel post

——It's quicker!

✦

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water is for everybody

INHOUD

No. BLADSY

Arbeid, Departement van

GOEWERMENTSKENNISGEWING

R. 143. Ongevallewet, 1941: Wysiging van regulasies 1

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