



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

Claim Number:

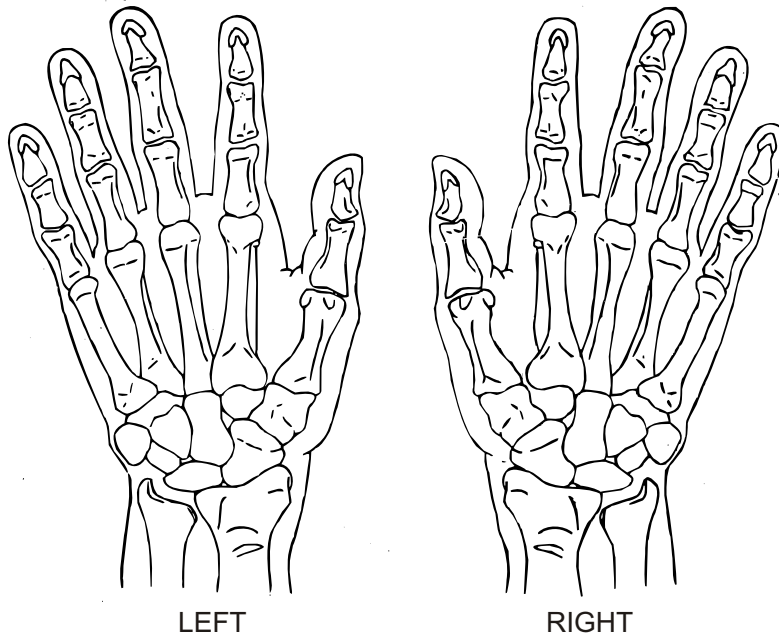
COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

SUPPLEMENTARY REPORT ON INJURY TO HAND

Employee: Date of accident:

Employer:

NOTE:- Please indicate on the sketch below the exact nature and location of any permanent injury(ies) sustained by the employee:



State whether LEFT or RIGHT hand

Remarks:

Date:

Address:

Postal Code:

.....
Medical Practitioner.