

TEN STEPS TO COMPLETING AN ACCIDENT CLAIM

Here is the ten-step procedure for completing an accident claim, following the occurrence of an accident, or contracting of a work-related disease, to an employee. Use this as a checklist and/or reference when preparing a claim for your employee. All documentation referred to is available on this website, or from your nearest Workers' Compensation branch office.

1. Employer fills out the Accident Report Form (Form 6)

- The employer should duly complete and submit Form 6 to the Claims and Pensions Manager within three days of an accident or incidence of a disease to a worker.
- Commuting accidents should also be reported on this form. Commuting accidents are those that occur whilst traveling to and from home and place of work, having taken a direct route. The report should be accompanied by statements from witnesses, a police report and, in the case of fatal cases, either the postmortem report or death certificate and burial permit.
- Mine employers such as Konkola Copper Mines, Mopani Copper Mines and Luanshya Copper Mine should report underground accidents on Form 28 and Form 25 at intervals
- Accident report forms inadequately completed are returned to employers in order to have them corrected.
- *Under exceptional circumstances where the employer fails to complete Form 6, the Workers' Compensation Branch Manager may assist the worker complete the form.*

2. Completed Claim Form (Form 6, 25 or 28) Presented For WCFCB Approval

- If it is established that the accident or disease occurred to a worker in the course of employment, the claim is accepted by WCFCB. If the accident or disease occurred to a worker away from the course of their employment, the claim is rejected.

3. Rejected Claim – WCFCB Notifies Employer

- When a claim is rejected, the employer is accordingly notified of the grounds for rejection. The rejection letter is enclosed together with **Notice of Objection (Form 1)** which is to be completed *by the employer* if they wish to appeal, and submitted within 30 days after which **a Formal Inquiry** to determine the case is arranged. The Formal Inquiry is chaired by the Workers' Compensation Commissioner (WCC) who may either uphold or vary the earlier decision depending on the available facts and evidence.

4. Accepted Claim - WCFCB Sends Forms 18, 19, 21 To Employer

- After WCFCB has accepted a claim, Form 19 is sent to an employer advising how much should be paid to the injured worker as periodical payments (payments made to a worker in lieu of salary while s/he is away from work as a result of accident or disease contracted) during the period of incapacitation. Form 18 on which an employer claims reimbursement of periodical payments is also enclosed, as is the Final Medical Report (Form 21) for completion by a Doctor when the injury becomes static or a worker is able to resume duties.

5. Accepted Claim - WCFCB Sends Form 34 To Employer

- Where the disablement is perceived to be of a permanent nature as evidenced on Final Medical Report (Form No. 21), Form 34 is sent to an employer to enable him arrange with the nearest Workers' Compensation branch office for the assessment of the worker's disablement.

6. Accepted Claim - WCFCB Sends Form 26A To Employer

- The descriptions of disablement, functional loss, degree of disablement etc. are recorded on **Assessment of Disablement Form 26A**. The form is signed by a Medical Practitioner and a Workers' Compensation branch official.
- The employer and the worker are accordingly informed of the outcome of the assessment of disablement.
- Where the claimant adduces documentary evidence that he was previously **under assessed** or where it has been proved that the claimant's disablement has deteriorated, **re-assessment** can be arranged.

7. Accepted Claim - WCFCB Collects Additional Data on Injured Worker

Non-Fatal Cases

- The Workers' Compensation Branch Manager causes completion of Form 32 on which details of the worker, spouse and children including their thumb prints are recorded.

Fatal Cases

Non-single deceased

In this case, the deceased worker is survived by a spouse.

- The Workers' Compensation Branch Manager causes completion of Form 30 and Surviving Spouse Certificate (Form 40a) for thumbprints of spouse and children if any. Form 30 is the same as form 32; the difference is that form 30 only collects details for the spouse and children.

Single deceased with dependant children;

This is similar to single deceased above except that here, the deceased worker only leaves behind children.

- The Workers' Compensation Branch Manager causes completion of Form 30 by guardian and the children.

Single deceased;

- The Workers' Compensation Branch Manager investigates dependence and once established causes completion of Form 30.

8. Accepted Claim - WCFCB Processes Compensation Claim

- If the degree of disablement (from item 6 above) is 10% or below, the worker is only entitled to **lump sum**, that is a one-off payment.
- For single deceased cases, the dependants are also only entitled to a **lump sum to dependant/s**.
- If the degree of disablement is above 10%, the worker starts getting a **life pension**.
- For non-single deceased where the worker is survived by a spouse and/ or children, the widow/widower starts getting a **surviving spouse's life pension** and children allowances where applicable until children reach the age of 18 years.
- For single deceased with dependant children, the guardian starts getting **children allowances** until children reach the age of 18 years

9. Accepted Claim - WCFCB Reimburses Periodical Payments To Employer

- Periodical payments are reimbursed to employers upon the employer's submission of a Medical Report, Form 21 and Form 18. The forms should indicate period of hospitalization or off – sick, date resumed duties, amount paid to worker and acknowledgement by the worker for having been paid.
- Periodical payments are calculated from the date of accident to a date before resumption of duties (as indicated on Forms 18 and 21) per day or month.

- If the employer was unregistered or in default with WCFCB at the time of worker's accident, periodical payments are withheld and the employer is informed accordingly.
- Where computed periodical payments are more than what was paid to the worker by the employer, the difference is paid to the worker as under payment.
- The maximum period for periodical payments is eighteen (18) months. However, if it is proved that the injury has not healed, the Workers' Compensation Commissioner (WCC) may grant extension of the payments for a period not exceeding six months

10. Accepted Claim - WCFCB Provides Medical Aid

- Medical expenses reasonably and necessarily incurred are reimbursed to a worker or the employer. A claim for refund of medical expenses should be accompanied by supporting documents such as invoices and receipts. If it is hospitalization, a medical bill should be submitted also. The expenses include medication and traveling expenses, supply, maintenance, repair and renewal of artificial limbs and apparatus or aid necessitated by the accident/ disease or used by the worker where applicable.
- Any medication to be obtained from outside the country must first be sanctioned by the Workers' Compensation Commissioner (WCC).