



Injury on Duty Claims Management System Step by Step Guide

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1. Introduction.

All that is required from you initially, is to report the Injury on Duty Claim on the system.

After the Injury on Duty Claim have been reported on the system it will fall into an administration queue. A Claims Administrator from COID Support will make contact should they require any additional documents to report the Injury on Duty Claim to the Compensation Fund.

Injury on Duty Claims must be reported within 7 days to the Compensation Fund.

Most Medical Service Providers also have a grace period for the claim number; however, some do require it upon arrival, we can prioritise this by contacting your administrator.

To speak to your assigned Claims Administrator the telephone numbers are displayed in the upper banner on the screen, during office hours, **012-940-1420**, and afterhours the emergency number is **076-437-4889**.

Please Note:

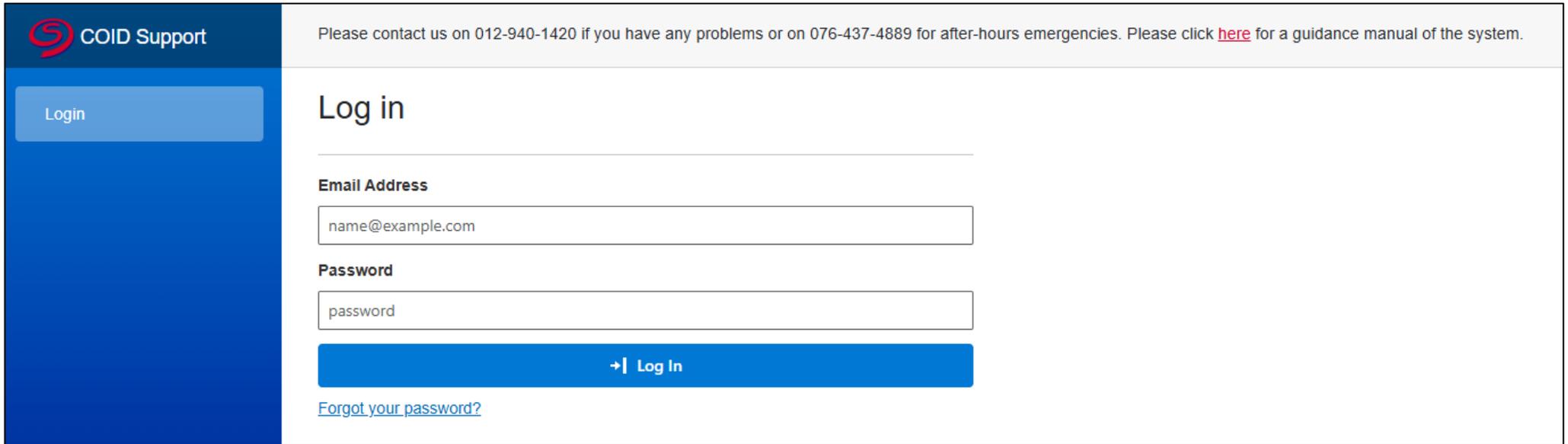
We can auto sign the forms you complete with your signature.

You can supply us with a copy of your signature on a white background at sign@coid.co.za.

By doing this there is no need to print, physically sign, scan and upload the signed copy back into the system.

2. Landing Page and Navigation.

1. Login - www.coid.co.za.



The screenshot shows the login page for COID Support. On the left is a dark blue sidebar with the COID Support logo and a 'Login' button. The main content area has a light grey header with contact information and a 'Log in' section with input fields for 'Email Address' and 'Password', a blue 'Log In' button, and a 'Forgot your password?' link.

COID Support

Please contact us on 012-940-1420 if you have any problems or on 076-437-4889 for after-hours emergencies. Please click [here](#) for a guidance manual of the system.

Log in

Email Address

Password

[Forgot your password?](#)

→ | Log In

2. You will immediately see a list of all the claims you have access to.

 Please contact us on 012-940-1420 if you have any problems or on 076-437-4889 for after-hours emergencies. Please click [here](#) for a guidance manual of the system.

View Claims

Search [Search](#)

Created On ↓	Date of Accident	Last Name	Names	ID Number	Internal Reference	Claim Number	
20/06/2023	22/01/2026	Booi	Enough	8312126142083	CS#10165372	1000010	View
15/10/2020	01/08/2025	Tshidisi	Itumeleng	820422XXXXXXX	CS#10140239	1000001	View
12/10/2020	13/02/2024	Phala	Tikoloshe	831215XXXXXXX	CS#10140099	1000002	View
08/09/2020	10/02/2023	Pelonomi	Mlenzana	620530XXXXXXX	CS#10139206	1000003	View
31/08/2020	22/01/2022	Booi	Enough	831212XXXXXXX	CS#10138909	1000004	View
20/05/2019	07/01/2022	Slabbert	Jane	740130XXXXXXX	CS#10125952	1000005	View
10/03/2017	18/11/2021	Makaya	Felicia	781103XXXXXXX	CS#10093535	1000007	View
10/03/2017	18/09/2021	Songa	Thandi	731003XXXXXXX	CS#10093530	1000009	View
10/03/2017	18/10/2021	Lebo	Johnathan	881014XXXXXXX	CS#10093527	1000008	View
19/03/2014	03/12/2021	Malugu	Sipho	890322XXXXXXX	CS#10074183	1000006	View

1 - 10 of 10 items

3. Search for a claim using any of the columns that is displayed.

View Claims

Search [Search](#)

4. Open the claim by clicking on the view magnifying glass.



5. All the details and documents relating to the claim will be displayed in the indicated sections, the outstanding documents are also displayed.

COID Support

Please contact us on 012-940-1420 if you have any problems or on 076-437-4889 for after-hours emergencies. Please click [here](#) for a guidance manual of the system.

View Claim

General

Claim Number 1000010	Account COID Support	Group Profit Reform
Created On 20/06/2023	Reference Number CS#10165372	Business Unit COID Support
Claim Status Not Accepted	Branch Centurion	Code 03 - Waiting for Resumption Report and/or Salary and/or ID from Employer
Claim Type Injury		

Employee Information 

Injury Details 

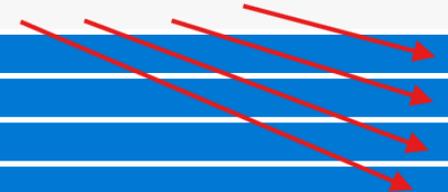
Dates Off Duty 

Outstanding Documents 

 Upload Document

Uploaded Documents for Claim

Document Type	File Name	Uploaded By	
Claim - W.CL.2:Employers Report Of An Accident	Claim - W.CL.2 Employers Report Of An Accident.pdf	COID Support	
Claim - W.Cl.4:First Medical Report	Claim - W.Cl.4 First Medical Report.pdf	COID Support	
Claim - W.Cl.5:Progress Medical Report	Claim - W.Cl.5 Progress Medical Report(2).pdf	COID Support	
Claim - W.Cl.6:Resumption Report	Claim - W.Cl.6 Resumption Report.pdf	COID Support	



3. How to register an Injury on Duty Claim.

1. Click on NEW CLAIM on the side bar, then select the entity which you would like to register the claim for, then click Next.

COID Support

Please contact us on 012-940-1420 if you have any problems or on 076-437-4889 for after-hours emergencies. Please click [here](#) for a guidance manual of the system.

Step 1: New Claim

Claim Type	Group
Injury	Profit Reform
	Account
	Profit Reform
	Business Unit
	COID Support
	Branch
	Centurion

Next

2. The form displayed below has the same fields as the physical W.CL.2 Employers Report of an Accident previously completed. The relevant Employer Details are already pre-populated. You need to complete the form from the Employee section onward with accurate information available to you at the time.

Step 2 : W.CL.2 Employer's Report of an Accident

Please complete the form below

Employer Details		
Registered name with the compensation commissioner	Registered number with the compensation commissioner	Contact Person
Profit Reform	990000325789	COVID Support
Street Address	Street Address Postal Code	
244 Jean Avenue, Norma Jean Square 43 and 44, Centurion	0157	
Postal Address	Postal Address Postal Code	
As Above		
Tel No	Fax No	Email Address
(012) 940-1420		claims@cold.co.za
Situation of Business / Farm	Nature of Business, Trade or Industry	
Centurion	Services	

Employee Details		
The capacity in which the employee is employed *		
<input checked="" type="radio"/> Working Director <input type="radio"/> Working Member Of A CC <input type="radio"/> Owner Of <input type="radio"/> Partner In Business <input checked="" type="radio"/> Not Applicable		
ID Number *	Surname *	First Names *
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth (dd/MM/yyyy) *	Sex *	Marrital Status *
<input type="text" value="dd/MM/yyyy"/> <input type="button" value="📅"/>	<input checked="" type="radio"/> Male <input type="radio"/> Female	<input type="radio"/> Married <input checked="" type="radio"/> Single
Citizen Of *	Personnel number/employee number	Occupation
<input type="text" value="South Africa"/> <input type="button" value="▼"/>	<input type="text"/>	<input type="text"/>
Street Address	Street Address Postal Code	
<input type="text"/>	<input type="text"/>	
Postal Address	Postal Address Postal Code	
<input type="text"/>	<input type="text"/>	
Tel. Number *	Cell Number	Email Address
<input type="text" value="() - - - -"/>	<input type="text" value="() - - - -"/>	<input type="text"/>
Period in your employ (years)	Period in your employ (months)	Employee Expected Period of Disablement *
<input type="text"/>	<input type="text"/>	<input checked="" type="radio"/> 0 to 13 days <input type="radio"/> 14 or more days

Please use the date and time selectors for the correct formatting.

Accident Details

Date and Time of Accident *

Province Date and Time employee reported accident *

Period of experience in the task performed (years) Yes No

Yes No

Contributing factors / causes. Mark if applicable the item(s) in A and B

A) <input type="checkbox"/> Defective Plant <input type="checkbox"/> Defective Machine <input type="checkbox"/> Unfavourable Work Conditions <input type="checkbox"/> Fault of Employer <input type="checkbox"/> Fault of Injured Employee <input type="checkbox"/> Fault of Supervisor	B) <input type="checkbox"/> Railway <input type="checkbox"/> Building Work <input type="checkbox"/> Electricity <input type="checkbox"/> Chemicals <input type="checkbox"/> Poisoning <input type="checkbox"/> Burns	<input type="checkbox"/> Explosions <input type="checkbox"/> Rotating Machine <input type="checkbox"/> Press or Rollers <input type="checkbox"/> Woodwork Machine <input type="checkbox"/> Lifting Machine <input type="checkbox"/> Hand Tools
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Killed Amputation Unconsciousness Not Applicable

Yes No

3. Clicking Next will automatically generate a completed W.CL.2 Employers Report of an Accident PDF saved under the documents. This form can be printed and taken Medical Service Provider.
By completing the injury on duty claim electronically guarantees zero loss of claims and documentation.

PART A PAGE 1 W.CL.2

EMPLOYER'S REPORT OF AN ACCIDENT

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

Section 6(A) (b) – Annexure 13

Instructions:

Complete the form in block letters and mark appropriate areas (X)

(For official use only)

Claim No.:

Provincial Office

Date

DECLARATION BY EMPLOYER OR AUTHORISED PERSON

I hereby declare that the particulars, shown in items 1 to 62 of this report, of an alleged injury on duty, are to the best of my knowledge and belief true and accurate.

Signed on this 01 day of January year 2022 Signature

EMPLOYER

1. Registered name with the Compensation Commissioner Coid Support

2. Registered number of this business with the Compensation Commissioner 990000000001

3. Contact person Coid Support

4. Street address 8 bauhinia st, berkley office park 3, highveld techno park 5. Postal code 0157

6. Postal address Po box 8183, centurion 7. Postal code 0046 8. Tel. no. (012) 9401420

9.1 Fax no. (086) 6933046 10. Situation of business/farm Centurion

9.2 E-mail address Claims@coid.co.za

11. Nature of business, trade or industry Services

EMPLOYEE (CERTIFIED COPY OF IDENTITY DOCUMENT TO BE ATTACHED)

12. Is the injured person a working director working member of a CC owner of partner in the business? Not applicable

13. Surname Sample 14. First names Sample

15. ID no. 8001015000000 16. Date of birth 01 / 01 / 1980 17. Sex Male Female

18. Marital state Married Single 19. Citizen of South africa

20. Personnel no. Sample 21. Occupation Sample

22. Street address Sample street address 23. Postal code 0001

24. Postal address Sample postal address 25. Postal code 0002

26. Tel. No. (012) 9401420

27. Period in your employ (years/months) 1 / 1 28. Expected period of disablement (days) 0-15 days 14 & more

ACCIDENT

29. Date of accident 01 / 01 / 2022 30. Time 07:30

31. Place of accident Sample 32. District Sample

32.2 Province Gauteng

33. Date employee reported accident 01 / 01 / 2022 34. Time 07:30

35. What task was the employee performing at the time of the accident? Sample

36. Period of experience in the task performed (years/months) 1 / 1

37. Was his action at the time of the accident in connection with your trade or business? YES NO
(If "no" state reasons on reverse side Part A page 3)

38. Short description of how the accident occurred. (ALSO mark the applicable items on the reverse side of Part A Page 3 and use same for a full description) Sample
(Refer the machine/process involved, whether the injured person fell or was struck and all the factors contributing to the accident)

39. Was the accident a traffic accident on a public road? YES NO

40. Nature of injury sustained (e.g. index finger of right hand crushed) Sample
Mark any of the following when applicable: Killed Amputation Unconsciousness

41. Are you satisfied that the employee was injured in the manner alleged by him? YES NO If not, give reasons.
(If "no" state reasons on reverse side Part A page 3)

Please complete in detail to ensure early finalisation.

4. An additional option is to regenerate the W.Cl.2 Employers Report of an Accident form that displays the claim number if the Medical Service Provider as mentioned in the Summary above requires a claim number upon arrival. Although this is seldom, the option is available.

Uploaded Documents for Claim

Document Type	File Name	Uploaded By
Claim - W.CL.2:Employers report of an Accident	WCL2.pdf	Ryno Verhoef

Email Documents Re-generate Forms



4. Upload Additional Documentation.

This is where you upload any document relevant to the claim for safe storage.

1. Click on Choose File.

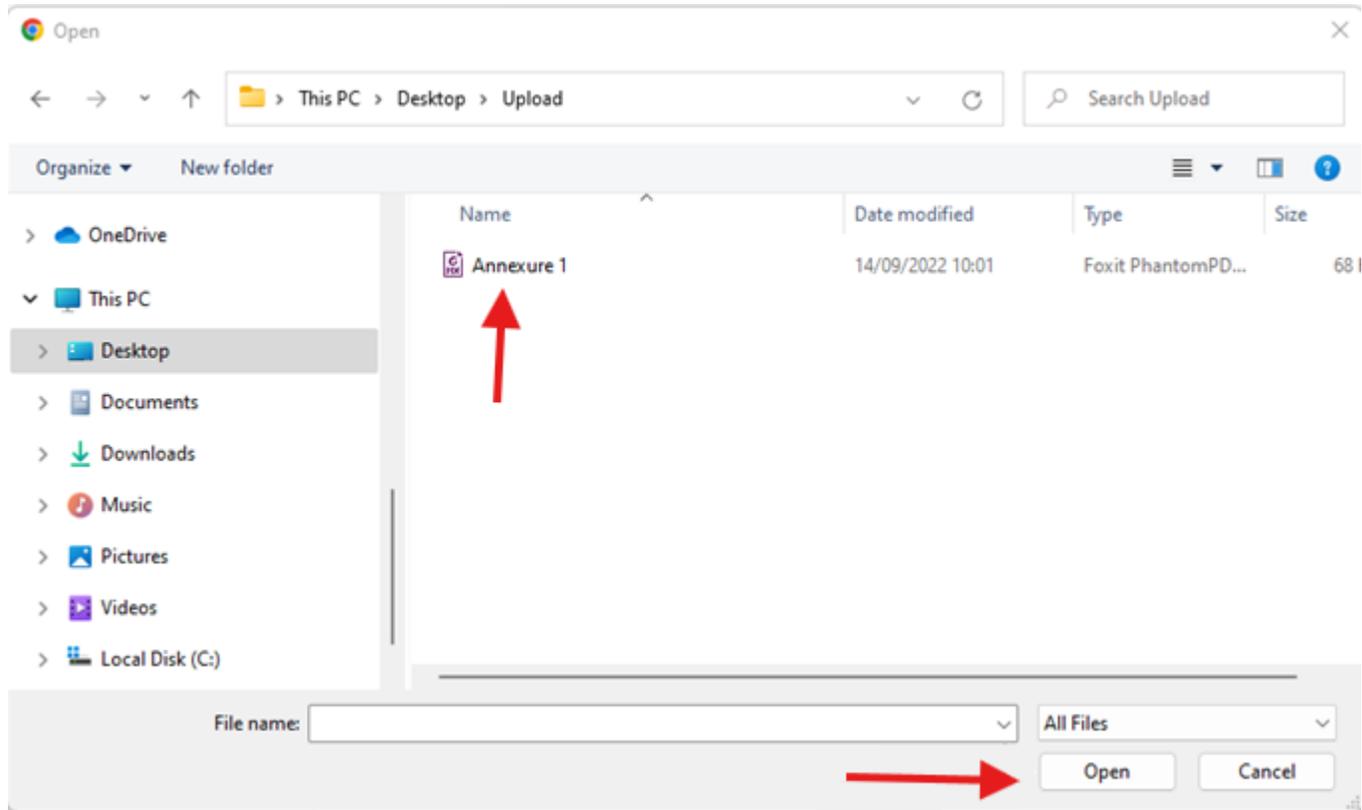
Upload Document

Uploaded Documents for Claim

Document Type	File Name	Uploaded By
Claim - W.CL.2:Employers report of an Accident	WCL2.pdf	Ryno Verhoef

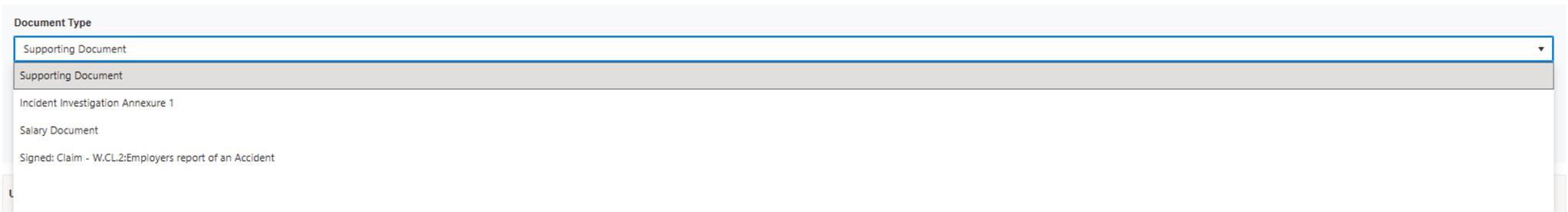


2. A window will appear to browse on your computer for the document you would like to upload.
Select your file and click on Open.



3. Select the Document Type you are uploading, then click on UPLOAD DOCUMENT.

Please Note: Any document type not listed can be uploaded as a Supporting Document, our Claims Administrators will update them appropriately and mark the document as no longer outstanding.



4. The document is now uploaded into the system.

5. Email Documents.

1. Click on Email Documents

Uploaded Documents for Claim

Document Type	File Name	Uploaded By
Claim - W.CL.2:Employers report of an Accident	WCL2.pdf	Ryno Verhoef



2. Click the checkboxes next to the documents you would like to email, enter a valid email address then click EMAIL SELECTED DOCUMENTS.

Uploaded Documents for Claim

<input type="checkbox"/> Document Type	File Name	Uploaded By
<input type="checkbox"/> Claim - W.CL.2:Employers report of an Accident	WCL2.pdf	Ryno Verhoef

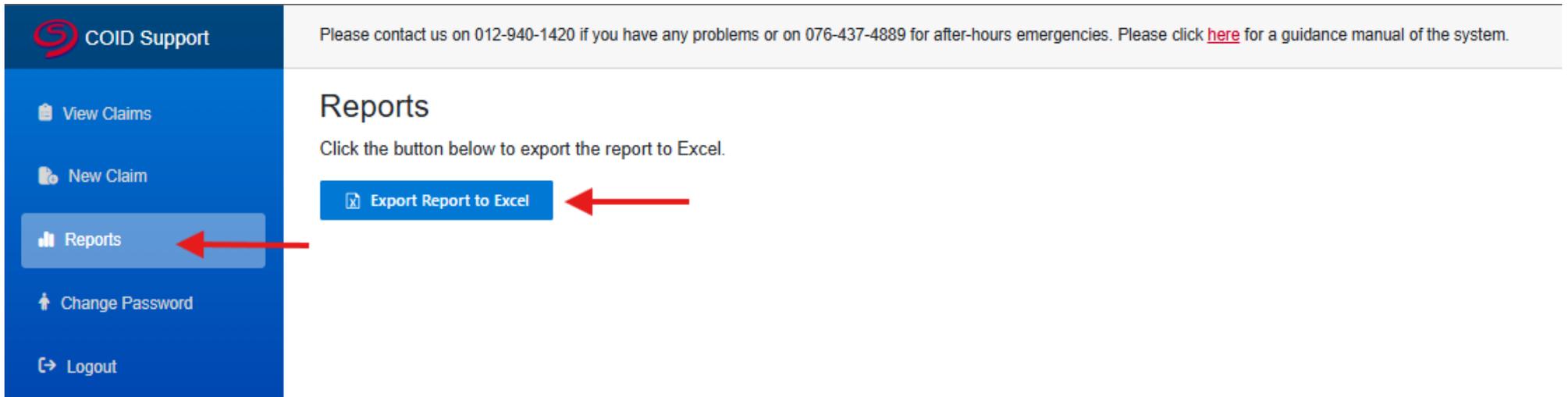
Select the documents you want to email from the list above, then click the button below.

Enter email address *

The Enter email address field is required.

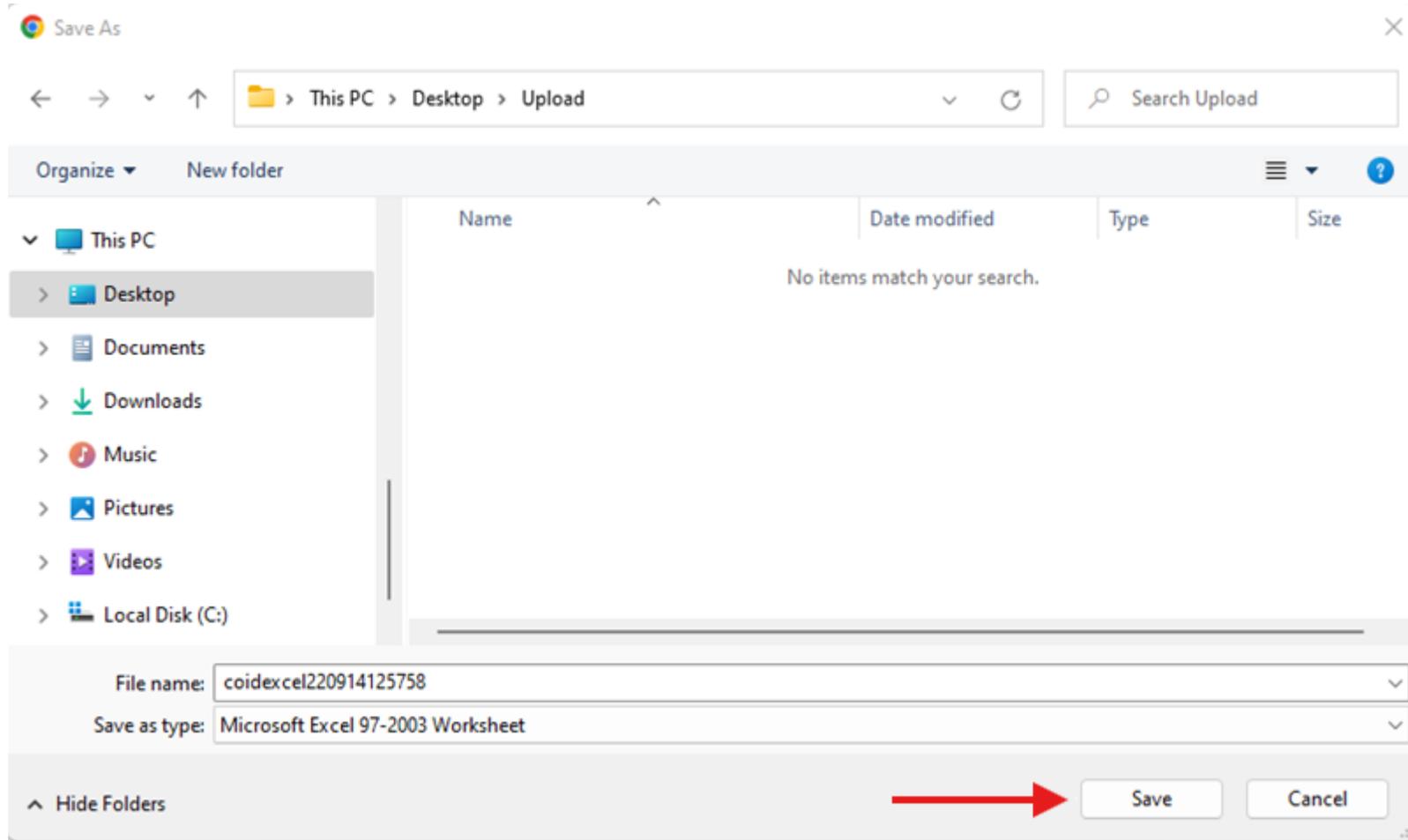
6. Reports.

1. Click on reports on the side bar, then click on EXPORT REPORT TO EXCEL. Wait for the report to finish running.

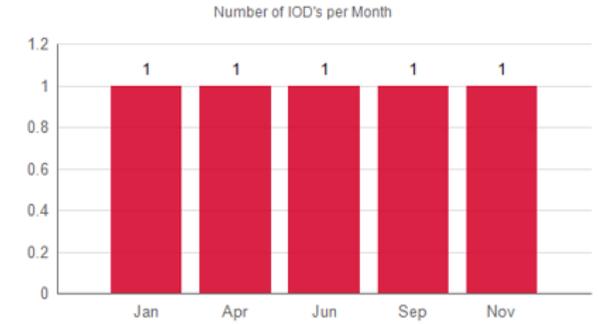
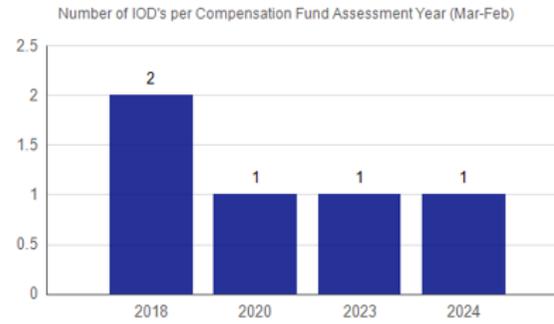
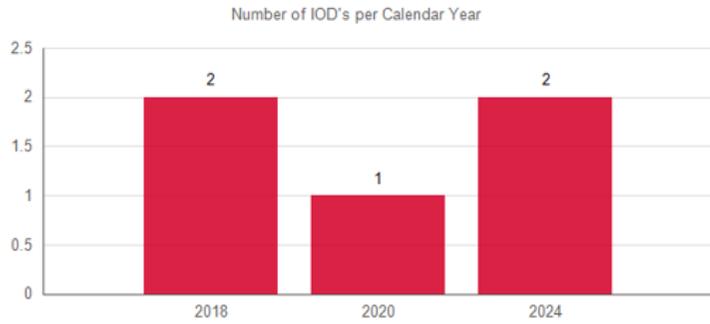


The screenshot displays the COID Support web application interface. On the left is a dark blue sidebar with the following menu items: View Claims, New Claim, Reports (highlighted with a red arrow), Change Password, and Logout. The main content area has a light gray header with contact information: "Please contact us on 012-940-1420 if you have any problems or on 076-437-4889 for after-hours emergencies. Please click [here](#) for a guidance manual of the system." Below the header, the "Reports" section is titled, followed by the instruction "Click the button below to export the report to Excel." A blue button labeled "Export Report to Excel" with an Excel icon is shown, with a red arrow pointing to it from the right.

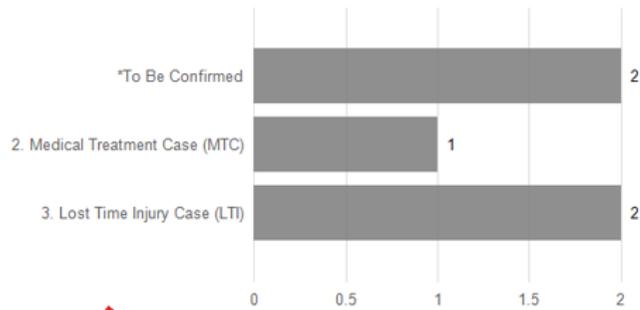
2. A window will open to save the report on your computer.



3. You can now open the report from the location you saved it on your computer. The first sheet is a dashboard as displayed below, and a second sheet has all the details of the claims as well as indicating what is outstanding.



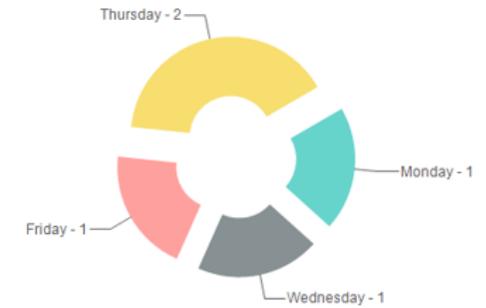
Number of IOD's by Incident Type



Number of IOD's reported to COID Support during January
*note this is the date reported not date of accident



Number of IOD's per Weekday



Number of IOD's by Gender and Month over the last year

No Data Available

Navigation bar with tabs: < > Status Claim Detail +

Two red arrows point to the 'Status' and 'Claim Detail' tabs.