



2nd Floor Oxford & Glenhove, 114 Oxford Rd, Houghton Estate, 2198 - Private Bag 87109, Houghton, 2041
Tel: (011) 359 4300 - Fax: (011) 359 4302 - info@fema.co.za - www.fema.co.za

OCCUPATIONAL INJURIES AND DISEASES

ASSAULT QUESTIONNAIRE

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 AS AMENDED

(Please attached the report of the internal disciplinary hearing and the outcome)

EMPLOYEE DETAILS

Claim Number:	Date of Accident:	Staff Number:
Name of Employer:		
Name of Employee:		

Details of the incident to be submitted and limited only to personnel who has a legitimate need to know.

1. Detailed description of the incident _____

2. Time of the incident _____ Place of the incident _____

3. Was the incident reported to SAPS Yes No if so please provide the name and the Case Number _____

4. Was the employee officially on duty at the time of the incident Yes No

5. Was the incident work related? Yes No

6. If "NO" Please explain _____

7. Was the injured employee the provoker Yes No

8. Please supply the following statements and contact details from:
- (a) an eyewitness
 - (b) the employee
 - (c) Copy of disciplinary action if any

Signature of employer Date

I hereby declare that the information given above is true to the best of my knowledge and believe and nothing has been concealed therein. I am well aware of the fact that if the information given by me is proved to be false/not true at any point of time, it may affect the outcome of the claim and may also impact on any legal proceedings instituted in terms of the Compensation for Occupational Injuries and Diseases Act.

