



labour

Department:
Labour
REPUBLIC OF SOUTH AFRICA

Claim Number:

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993

BURIAL EXPENSE ACCOUNT

Employee: Date of Accident:

Employer:

Name of undertaker:

Address: Postal code:

- 1. Cost of coffin: R
- 2. Cost of grave: R
- 3. Cost of shroud: R
- 4. Hire of hearse: R
- 5. Cost of the storage of body in cool chamber: R
- Total R

Has the account been paid?

YES	
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NO	
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If "YES" please furnish the name and address of the payee as well as receipts or other proof of payment.

Name and address:
..... Postal code:

Date: Signature