

	R/week	R/month
32. Earnings at the time of the diagnosis of the disease		
Gross cash earnings _____ (Including average payments for overtime and/or commission of a constant character)		
Allowances of a recurrent nature:		
(a) Bonuses (i.e. 13th cheque) _____		
(b) Other (specify) _____		
Cash value of food _____		
Cash value of free quarters _____		

33. Will the employee during temporary total disablement continue to receive from you:

Free Food?	Yes	No
Free Quarters?	Yes	No

34. Are you prepared to make cash payments during temporary disablement that lasts longer than three months?

Yes	No
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35. If you have already paid cash to the employee, state the total amount R \_\_\_\_\_

36. For what period were such payments made? From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

37. Date on which employee ceased work \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time \_\_\_\_\_

38. Date on which the employee resumed work \_\_\_\_\_

[If employee has not yet resumed work, a Resumption report (W.CL. 6) must be submitted as soon as he resumes duty]

**FURTHER PARTICULARS**

39. If the employee did to your knowledge receive compensation previously for the same disease or another disease in respect of an accident, give particulars \_\_\_\_\_

40. Was the disease caused by the employee's -

(a) Deliberate non-compliance of directions Yes/No

(b) Reckless disregard of the terms of any law or statutory regulation designed to ensure the safety or health of employees or the prevention of diseases Yes/No

(N.B.: If any reply is in the affirmative, the employee must furnish an explanatory statement which must then be attached hereto together with your comments thereon.)