



Occupational Risks Occupational Accidents & Occupational Diseases (OA/OD)

The Application '**Occupational Risks**' (OR) or **Occupational Accidents / Occupational Diseases (OA/OD)** includes the functionalities needed to manage the OR/OA-OD files, and carry them out from their submission by Employers, Insurants and Beneficiaries until they are cleared and closed. This application is also a transition to the next application which is the '**Benefits Payments**'.

It is essentially based on:

- Data processed in the application **Registration** as far as the identification of insurants and employers is concerned.
- Data processed in the application **Contributions** in connection with the control of wages filled out by the employers in the Occupational Accidents and Diseases forms.

In this application, users will find the functions they mostly require to:

- Manage the Occupational Risks and OA/OD files
- Manage medical certificates
- Manage the medical care expenses
- Establish those who are eligible for allowances
- Follow up the files through workflow by processing stage
- Send reminders and notifications to beneficiaries
- Clear the OA/OD benefits
- Print and validate clearing decisions

Main features are:

- The **traceability of occurrences** in the «follow-up» module,
- The **consistency of beneficiaries data** stocked in the family cluster,
- The **clarity in settlement rules**,
- The distinction between **automatic clearing process** and **adjustments process** with maximum precautions and safety when processing.

Employer healthcare booklet	
Employeur identity :	
Registration Number :	11055485/01
Trade name :	MBOUDO
Address :	Department :
MailBox :	District :
Country :	Locality :
	Area :
Insurant identity :	
Name :	Affiliation number :
Date of birth :	Depart* of birth :
Father name :	Mother name :
Identity type document :	N° :
Case :	Category (OA OR OD) :
N° :	
Date of accident or disease :	
Cause of accident or type of disease :	
Benefit provider :	Name & Forename :
	Address :
Reimbursement beneficiary :	
Category :	Code :
Name :	Forename :
Address :	
Department :	Street N° :
District :	MailBox :
Locality :	
Area :	

LOADING THE STATEMENTS

Insurant data Occupational Accident Occupational Disease Address Previous employers File progress

Time of accident: 11:20 Hourminute

Place of accident: 6 POTO POTO

Address: 6 POTO POTO

Locality: 130101 MAKELEKELE Area/Sub-Area: 1301 BRAZZAVILLE

District: 13010101 Makelele

Country: COG CONGO

Place: 1 Workplace Cause: 0135 Circular saws

Circumstances: A bottle exploded on the production line Consequence: 143 Acute lumbago

Witnesses:

Name and forename	Quality	Address	ID document
First: James			
Second: Jhon			

Third party responsible for the accident:

Name	Address	Insurance

LOADING THE STATEMENTS

Insurant data Occupational Accident Occupational Disease Address Previous employers

First acknowledgement:

Nature of injuries: 100 Injuries

Place of injuries: 463 Left hand not including fingers Beginning of incapacity: 16/02/2008

Last certificate:

Certificate No: 2 Type of certificate: 0310 Recovery certificate

Victim condition: 01 Recovery Date: 10/03/2008

Incapacity rate (in %): Validity from: To:

Medical certificate claim

Head office

Please enter this N° in all correspondence

22904972/59

Case N°

N° A002000016 On 21/11/2011

Mr. MAYE DELFIN
EDITH LUCIE BONGO AVENUE

Tunis The 06/05/2014

Object : **Medical certificates needed to maintain entitlement.**

You are kindly requested to provide us with the following documents before deadline :

List of required documents :

CODE	DESIGNATION	DEADLINE
0316	Confirmed injuries certificate	01/06/2014

If the claimed documents do not reach us before deadline, we will be obliged to suspend payment of your benefits.

Kindly yours,

General Manager

LOADING THE STATEMENTS

Insurant data Occupational Accident Occupational Disease Address Previous employers

Insurant information:

Insurant number #: 22904972/59 Name: MAYE Forename: CHANI

Date of birth: 27/12/1981 Father name: SAM Mother name: NGALE

Registration date: 06/12/2011 Date of death:

Job:

Employer #: 11051052/30 - PLANET 2000

Occupation: Paid employee Employment date: 11/06/2011

Daily allowances calculation elements:

Number of days notice #: 8

Last month before accident: (MM/YYYY) #: 09/2011 Gross salary #: 73 285

Salary subject to contributions #: 73 285 Number of days #: 26

Update by individual account

Annuity calculation elements