Road Accident Fund

Form 3

ACCIDENT REPORT FORM

(Section 22(1)(a) of Act No. 56 of 1996 and Regulation 3(3) of the Regulations under the Act.)

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NOTES:
(i)   When any person has been injured or killed as a result of the driving of a motor vehicle, the owner and the driver of that motor vehicle must report that accident to the Fund on this form within 14 days, failing which the compensation paid to the third party may be recovered from that owner or driver.
(ii)   Where blocks are provided for the purpose of replying to a question, place a cross in the appropriate block.

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Postage will be paid by the Addressee		No postage necessary if posted in the Republic of South Africa

BUSINESS REPLY SERVICE
LICENCE NO. CB2265

THE CHIEF EXECUTIVE OFFICER
Road Accident Fund
Private Bag X28
Roggebaai
8012

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Date of accident ……..
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(1)   Motor vehicle

(a)   Registration letters and numbers …………………………….. Type of body ………………………………..

(b)   Propulsion: Petrol ☐   Diesel ☐   Gas ☐   Electricity ☐

(2)   Owner at time of accident

Full name .... Occupation ....

Postal address ....

Telephone no: Business: .... Home ....

(3) Driver at time of accident

Full name .... Occupation ....

Postal address ....

Telephone no: Business: .... Home ....

Driver's Licence No .... Date issued ....

Endorsements (if any) ....

Physical/Mental defects (if any) ....

(4) Other motor vehicle(s) involved in accident concerned:

		Vehicle (i)	Vehicle (ii)	Vehicle (iii)
(a)	Registration letters and numbers	....	....	....
(b)	Name of owner at time of accident	....	....	....
(c)	Address of owner	....	....	....
(d)	Name of driver at the time of accident	....	....	....
(e)	Address of driver	....	....	....

5. Witness(es) to accident

		Witness (i)	Witness (ii)	Witness (iii)
(a)	Name	....	....	....
(b)	Address	....	....	....
	....	....	....	....

6. Person(s) injured or killed

		(i)	(ii)	(iii)
(a)	Name	....	....	....
(b)	Address	....	....	....
	....	....	....	....

7. Accidents

(a) Date .... (b) Time ....

(c) Place ....

(d)　Police station at which reported ………………………………………………………………..

(e)　Police reference number ………………………………………………………………..

8.　Conditions during accident

(a)　Weather conditions:　Sunny ☐　Dark ☐　Cloudy ☐　Rain ☐

(b)　Visibility:　Good ☐　Reasonable ☐　Bad ☐

(c)　Road surface:　Gravel ☐　Sand ☐　Tar ☐

(d)　Street lights:　On ☐　Off ☐

(e)　Own vehicle's light:　Bright ☐　Dim ☐　None ☐

(f)　Other vehicle's light:　Bright ☐　Dim ☐　None ☐

(g)　Speed of own vehicle at time of accident ……………………………………………………… km/h

9.　Sketch plan of accident
(Furnish approximate distances)

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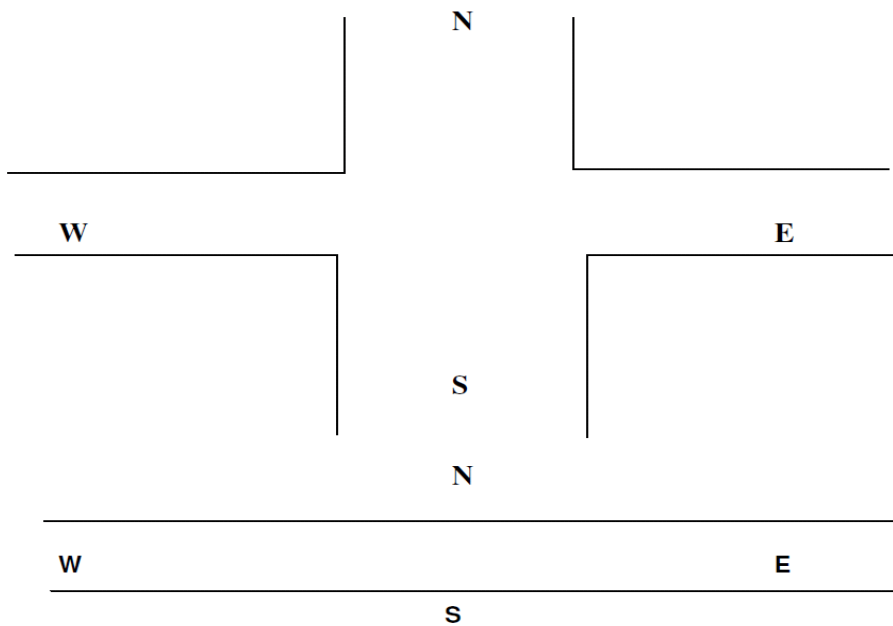
10.　Detailed description of accident

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I declare that to the best of my knowledge the information set out in this form is true and correct.

Date ....
                                                                                                Signature of driver

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                                                                                                Signature of owner