


 **087 820 1 111**

- 1) When any person has been injured or killed as a result of the driving of a motor vehicle, the owner and / or 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.
- 2) Should the space provided in this form be insufficient to answer any question you are welcome to attach a further page(es) to this form in which such further information can be provided to the RAF.
- 3) Should you require any assistance with the completion of this form please feel free to contact the RAF on 087 820 1 111.

Postage will be paid by the addressee	No postage necessary if posted in the Republic of South Africa
<p>CHIEF EXECUTIVE OFFICER P O Box 2743 PRETORIA 0001</p>	
	

1 PARTICULARS OF THE DRIVER OF THE VEHICLE:

Name(s)

Surname

ID number/Passport number

Citizenship

Telephone

Facsimile

Cell number

E-mail address

Physical address

Postal address

Drivers license number

Date issued

Endorsements, if any

Physical / mental defects, if any

State whether you are also the owner of the vehicle

**2 PARTICULARS OF THE OWNER OF THE VEHICLE -
COMPLETE WHERE THE DRIVER WAS NOT THE OWNER:**

Name(s)

Cell number

Surname

E-mail address

ID number/Passport number

Physical address

Citizenship

Telephone number

Postal address

Facsimile number

3 PARTICULARS OF THE MOTOR VEHICLE:

Registration number

Make

Body (i.e. sedan, truck, bus, etc.)

Model

Colour

Year

4 PARTICULARS OF OTHER MOTOR VEHICLES INVOLVED IN THE ACCIDENT:

Vehicle 1

Registration number

Vehicle 2

Registration number

Name(s) and surname of driver

Name(s) and surname of driver

Telephone number / Cell number

Telephone number / Cell number

Name(s) and surname of owner

Name(s) and surname of owner

Physical address

Physical address

Postal address

Postal address

4 PARTICULARS OF OTHER MOTOR VEHICLES INVOLVED IN THE ACCIDENT:

Vehicle 3

Registration number

Name(s) and surname of driver

Telephone number / Cell number

Name(s) and surname of owner

Physical address

Postal address

Vehicle 4

Registration number

Name(s) and surname of driver

Telephone number / Cell number

Name(s) and surname of owner

Physical address

Postal address

5 PARTICULARS OF THE ACCIDENT:

What was the date of the accident?

What was the time of the accident?

Where did the accident take place?

At which police station was the accident reported?

What is the police reference number?

6 PARTICULARS OF WITNESS(ES) TO THE ACCIDENT:

Witness 1

Name(s)

Surname

ID number / Passport number

Telephone number

Facsimile number

Cell number

E-mail address

Physical address

Postal address

6 PARTICULARS OF WITNESS(ES) TO THE ACCIDENT:

Witness 2

Name(s)

Surname

ID number / Passport number

Telephone number

Facsimile number

Cell number

E-mail address

Physical address

Postal address

6 PARTICULARS OF WITNESS(ES) TO THE ACCIDENT:

Witness 3

Name(s)

Surname

ID number / Passport number

Telephone number

Facsimile number

Cell number

E-mail address

Physical address

Postal address

7 PARTICULARS OF PERSON(S) INJURED/DECEASED:

Person 1

Name(s)

Surname

ID number / Passport number

Telephone number

Facsimile number

Cell number

E-mail address

Physical address

Postal address

State whether the injured / deceased was a driver, passenger, cyclist or pedestrian.

7 PARTICULARS OF PERSON(S) INJURED/DECEASED:

Person 2

Name(s)

Surname

ID number / Passport number

Telephone number

Facsimile number

Cell number

E-mail address

Physical address

Postal address

State whether the injured / deceased was a driver, passenger, cyclist or pedestrian.

8 CONDITIONS AT THE TIME OF THE ACCIDENT:

Time of day (i.e. dawn, day, dusk, night)

Weather conditions (i.e. sunny, misty, cloudy, raining, etc.)

Visibility (i.e. good, reasonable, bad, etc.)

Road surface (i.e. gravel, sand, tar, etc.)

Street lights - on or off

Own vehicle's lights - off, dim, bright

Other vehicle's lights - off, dim, bright

Speed of own vehicle at time of accident

9 SKETCH PLAN OF THE SCENE OF THE ACCIDENT:

A large empty rectangular area for drawing a sketch plan of the accident scene. The area is oriented with cardinal directions: **N** at the top, **S** at the bottom, **W** on the left, and **E** on the right.

10 DETAILED DESCRIPTION OF THE ACCIDENT:

A large rectangular area for a detailed description of the accident, consisting of approximately 20 horizontal lines for writing.

11 DECLARATION:

I / we hereby declare that to the best of my / our knowledge and belief the information set out in this form is true and correct in every respect.

Signature of driver

Signature of owner

Signed at

Date

YYYY/MM/DD