



FORM 1

CLAIM FOR COMPENSATION AND MEDICAL REPORT

(Sections 17(1) and 24(1)(a) of Act No. 56 of 1996 and regulation 3(1) of the Regulations under the Act.)

Notes:

- (i) A separate form must be completed and lodged with regard to each injured or deceased person in respect of whose bodily injury or death compensation is claimed.
- (ii) In order for the Fund to be able to deal with this claim expeditiously it is essential that all the required supporting vouchers and statements should accompany this form and in the case of item 8 of this form it is desirable also to-
 - (a) attach all medico-legal reports in the possession of the claimant; and
 - (b) indicate, with regard to a claim for future loss of earnings, on a separate statement how such loss is calculated.
- (iii) Written authority for inspection by or on behalf of the Fund of all records regarding the injured or deceased person which may be in the possession of any hospital or medical practitioner must accompany this form.
- (iv) Items 1 to 5 of this form must be completed before this form is submitted to the medical practitioner for completion of the medical report.
- (v) Where blocks are provided for the purpose of replying to a question, place a cross in the appropriate block.

1. CLAIMANT:

- (a) (i) Full name and residential address of claimant.....
.....
 - (ii) Citizenship.....(iii) Identity/Passport No.....
 - (iv) Telephone No: Home Work
 - (b) If the claimant is claiming in a representative capacity on behalf of another person, state-
 - (i) Capacity in which claimant is acting
 - (ii) Full name and address of person on whose behalf compensation is being claimed
.....
.....
 - (iii) Identity/Passport number of such person.....
 - (iv) Relationship of claimant to such person.....
- (Photocopies of relevant identity documents/passports and marriage and birth certificates, as the case may be, should accompany this form.)

2. PARTICULARS OF MOTOR VEHICLE FROM THE DRIVING OF WHICH THIS CLAIM ARISES:

- (a) Registration letters and numbers..... (i) Make.....
(ii) Type of body.....
 - (b) Name and address of owner at time of accident.....
.....
 - (c) Name and address of driver at time of accident.....
.....
 - (d) If the identity of neither the owner nor the driver has been established, state-
 - (i) Any additional information about motor vehicle
 - (ii) What steps were taken to establish the identity of the owner or the driver of the motor vehicle.....
.....
- (Attach a separate statement if necessary.)

3. PARTICULARS OF ACCIDENT:

- (a) Date.....(b)Time.....(c)Place.....
- (d) Police station at which reported and police reference number.....
- (e) Attach an affidavit (supported by a rough sketch of the scene of the accident) in which particulars of the accident are fully set out.
- (f) Attach copies of all available statements (including eyewitness accounts) and documents (including police accident report and plan).

4. PARTICULARS OF ANY OTHER MOTOR VEHICLES INVOLVED IN ACCIDENT:

- | | Vehicle(i) | Vehicle(ii) |
|---|------------|-------------|
| (a) Registration letters and numbers | | |
| (b) (i) Name of owner at time of accident..... | | |
| (ii) Address..... | | |
| (iii) Occupation | | |
| (c) (i) Name of driver at time of accident..... | | |
| (ii) Address..... | | |
- (If more than two other motor vehicles were involved the particulars should be set out on a separate statement attached to this form.)

5. PARTICULARS OF INJURED OR DECEASED PERSON:

- (a) Full name and address.....
- (b) Identity/Passport No.
- (c) Sex..... (d) Date of birth.....
- (e) Marital status at time of accident: never married married divorced widowed
- (f) If married : in community of property out of community of property customary union
- (g) Business or occupation.....
- (h) At the time of the accident, was the person travelling in one of the motor vehicles described in either item 2 or item 4? YES NO
- (i) If YES, state:
 - (i) Registration letters and numbers of motor vehicle.....; and
 - (ii) whether as a passenger or driver.....
- j) If the person was not travelling as a passenger or driver in one of the motor vehicles described in either item 2 or 4, (i) what was his/her mode of conveyance?.....
or (ii) was he/she a pedestrian? YES NO
- (k) Name and address of usual medical practitioner.....
- (l) Name and address of all medical practitioners who attended him/her after the accident
- (m) (i) At which hospital or nursing home or other place did he/she receive treatment after the accident?
- (ii) For what period as in-patient (from to)
 and/or out patient (from to)?
- (iii) Classification for hospital purposes : hospital patient private patient
- (iv) Hospital reference number
- (n) Was he/she suffering from any physical defect or infirmity immediately prior to the accident?
YES NO
- (o) If YES, give details
- (p) (i) Name and address of employer at date of accident (if more than one employer, state names and addresses of all)

- (ii) Period in employment, from..... to
- (iii) Nature of work
- (iv) Date of resumption of work
- (q) Was he/she injured or killed in the course of his/her employment? YES NO
- (r) State his/her income for the 12 months immediately preceding the accident-

R

- (i) from employment.....
 - (ii) from any other source (give details).....
- Total..... R.....

6. IF THE PERSON MENTIONED IN ITEM 5 WAS KILLED, THE FOLLOWING ADDITIONAL INFORMATION IS REQUIRED IN RESPECT OF SUCH PERSON:

- (a) Place where death occurred..... (b) Date of death.....
- (c) Is it known whether an inquest was held? YES NO
- (d) If known, state in what court..... Date.....
and reference number..... (attach a copy of the relevant inquest record if available).
- (e) Name and address of the executor of the deceased's estate.....

7. IF THE PERSON MENTIONED IN ITEM 5 WAS KILLED AND COMPENSATION IS CLAIMED BY OR ON BEHALF OF A DEPENDANT OF THAT PERSON, THE FOLLOWING INFORMATION IS REQUIRED IN RESPECT OF SUCH DEPENDANT. (If compensation is claimed by or on behalf of more than one dependant the information required by this paragraph in respect of each dependant should be set out on a separate statement, which should be attached to this form.)

- (a) Full name and address.....
- (b) Identity/Passport No.
- (c) Sex (d) Date of birth.....
- (e) Relationship to deceased person.....
(Attach a photocopy of relevant marriage and/or birth certificates, as the case may be)
- (f) Marital status at time of accident: never married married divorced widowed
- (g) If married: in community of property out of community of property customary union
- (h) Business or occupation
- (i) Is he/she suffering from any physical defect or infirmity? YES NO
- (j) If YES, give full particulars.....
- (k) Name and address of employer at date of accident and how long employed by such employer (if more than one employer, state names and addresses of all).....
- (l) State his/her income for the 12 months immediately preceding the accident -

R

- (i) from employment
 - (ii) from any other source (give details).....
- Total..... R.....

- (m) Details and amount of any inheritance or any other benefits received from the estate of the deceased or accruing from any other source as a result of the death of the person referred to in item 5, other than insurance and/or pension moneys.....

8. COMPENSATION CLAIMED:

Precise details must be given in respect of the following items and must be supported by vouchers, where applicable. (If necessary, the information required by this item may be set out on a separate statement duly signed and attached to this form.) [See also Note (ii) at top of form.]

<i>Item</i>	<i>Amount</i>
	R
(a) Hospital expenses (provincial hospitals).....
(b) Hospital expenses (other hospitals).....
(c) Medical expenses.....

