

Government Gazette Staatskoerant

REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID-AFRIKA

Vol. 499

Pretoria, 12 January 2007
Januarie

No. 29533

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GENERAL NOTICE

Transport, Department of

General Notice

15 Road Accident Fund Act (56/1996): Publication for public comment: Regulations 3 29533

GENERAL NOTICE

NOTICE 15 OF 2007

DEPARTMENT OF TRANSPORT

PUBLICATION FOR PUBLIC COMMENT: ROAD ACCIDENT FUND ACT, 1996 (ACT NO. 56 OF 1996), REGULATIONS

The Minister of Transport intends to, in terms of Section 26 of the Road Accident Fund Act, 1996 (Act No. 56 of 1996) as amended, in addition to the regulations published for public comment on 15 December 2006, under Notice 1830 of 2006 in Government Gazette No. 29478; make the regulations in the Schedule hereto.

Interested persons are invited to submit written comments on the regulations by no later than 31 January 2007. Submissions must be posted to the Director-General for the attention of Marius Luyt at:

The Department of Transport
Private Bag x 193
PRETORIA
0001

E-mail address: LuytM@dot.gov.za
Tel: (012) 309 3980

Interested persons must further note that the *American Medical Association's Guides to the Evaluation of Permanent Impairment, Fifth Edition*, are available for perusal only and until the 31 January 2007 at the following Road Accident Fund regional offices.

CAPE TOWN

7th Floor
No. 1 Thibault Square
Long Street
Cape Town

Tel: (021) 408 3300
Fax: (021) 419 7417

JOHANNESBURG

29th Floor
Sanlam Centre
208 – 212 Jeppe Street c/o
Von Willich Street
Johannesburg

Tel: (011) 223 0000
Fax: (011) 223 0100

PRETORIA

11th Floor
Sanlam Centre CBD
252 Andries Street c/o
Pretorius Street
Pretoria

Tel: (012) 392 5000
Fax: (012) 392 5001

EAST LONDON

4th Floor
Metropolitan Life
Building
c/o Drury Lane and
Caxton Street
East London

Tel: (043) 702 7800
Fax: (043) 702 7850

DURBAN

19th Floor
Durban Bay House
333 Smith Street
Durban

Tel: (031) 365 2800
Fax: (031) 365 2900

HEAD OFFICE

38 Ida Street
Menlo Park
Pretoria

Tel: (012) 429 5000
Fax: (012) 429 5500



CLAIM BY SUPPLIER

(SECTIONS 17(5) AND 24(3) OF ACT NO. 56 OF 1996 AND REGULATION 9(2) OF THE REGULATIONS UNDER THE ACT)

- 1) A separate form must be completed and lodged in respect of each injured or deceased person who was accommodated in a hospital or nursing home, or was treated, or to whom any service was rendered or goods supplied by the claimant.
- 2) This form must be completed in all its particulars. A clear reply must be given to each question, and if a question is not applicable the words "not applicable" must be inserted. A form on which ticks, dashes, deletions and alterations have been made that is not confirmed by a signature will not be regarded as properly completed.
- 3) This claim must be sent by registered post or delivered by hand to the Fund.

1. PARTICULARS OF SUPPLIER

Name(s)	
Surname (if applicable)	
ID Number / Registration Number	
Practice Number (HPCSA and/or BHF), if applicable	
Telephone number	
Facsimile number	
Cell number	
E-mail address	
Physical address	
Postal address	
Banking details for purposes of payment by the Road Accident Fund	
Name of account holder	
Bank name	
Branch name	
Bank account number	
Branch code	
Account type	
Supplier reference number (to reflect on bank statement)	

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

Registration number	
Particulars of the driver of the motor vehicle	
Name(s) and surname	
Physical address	
Postal address	
Telephone number / Cell number	
Particulars of the owner of the motor vehicle, where the owner was not the driver	
Name(s) and surname	
Physical address	

Postal address	
Telephone number / Cell number	
NOTE: If the identity of neither the owner nor the driver has been established, attach a separate statement stating any additional information regarding the vehicle and describe what steps were taken to establish the identity of the owner or driver of the vehicle.	

3. 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?	
State whether the injured / deceased was a driver, passenger, cyclist or pedestrian -	
Where applicable, state the registration number of the vehicle of which the injured / deceased was the driver; alternatively on, or in, which the injured / deceased was a passenger -	

4. PARTICULARS OF THE INJURED OR DECEASED

Name(s)	
Surname	
ID Number / Passport Number / Date of birth	
Telephone number / Cell number	
Facsimile number	
E-mail address	
Physical address	
Postal address	

5. PARTICULARS OF THE INJURY(IES) / TREATMENT RENDERED / SERVICES / GOODS SUPPLIED / COST

State the nature of the injured or deceased's injury(ies) -				
State the dates / duration of treatment / services rendered / goods supplied -	Date from:	Date to:		
State nature / details of treatment / services rendered / goods supplied and the cost thereof (specify each item) -	Treatment / services / goods:	Cost -		
		R		
		R		
		R		
		R		
	Total	R		
State the dates / duration of the accommodation of the injured / deceased in a hospital or nursing home -	Date from:	Date to:		
State cost of the accommodation of the injured / deceased in a hospital or nursing home -	Item	Number of Days	Cost per Day	Total Cost
	In Patient		R	R
	Out patient		R	R
	Operating theatre fee			R
	Other (specify) -			R
				R
	Total cost			R

6. DECLARATION

I hereby declare that:

- 1) to the best of my knowledge and belief the information set out in this form is true and correct in every respect;
- 2) the accommodation in a hospital or nursing home and the treatment, or goods supplied, referred to herein, were supplied to the injured person; and
- 3) I have not / the supplier has not received payment from any other source, in respect of the accommodation in a hospital or nursing home and the treatment, or goods supplied, referred to in this claim form, and should I / the supplier receive any payment in respect thereof from any other source I / the supplier shall disclose full details thereof to the Road Accident Fund.

Signature of supplier, supplier's duly authorised representative or agent. Where the supplier is a legal entity attach written proof of the authorisation in terms of which the signatory is authorised to sign this claim form. Where the supplier is represented by an agent attach written proof of the agents mandate. Capacity:
Signed at
Date