

2 No. 35999

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GENERAL NOTICE

NOTICE 1038 OF 2012

DEPARTMENT OF TRANSPORT

ROAD ACCIDENT FUND (TRANSITIONAL PROVISIONS) ACT,

(ACT NO. 15 of 2012.)

ROAD ACCIDENT FUND (TRANSITIONAL PROVISIONS) REGULATIONS, 2012

The Minister of Transport hereby, in terms of section 2(1) and 2(1)(d) of the Road Accident Fund (Transitional Provisions) Act No.15 of 2012 intends to make the regulations in the Schedule.

Interested persons are invited to send their written comments on the draft regulations to the Director General, Department of Transport within 30 days from the date of publication hereof, for the attention of Adv Adam Masombuka at the following address

Email <u>MasombuA@dot.gov.za</u>

Tel (012) 309 3888

Fax 012 309 3134

The Department of Transport Private Bag x 193 PRETORIA 0002

1

SCHEDULE

Definitions

 In these Regulations unless the context indicates otherwise, an expression or word given to a meaning in the Act has the same meaning—

"The Act" means the Road Accident Fund (Transitional Provisions) Act, No.15 of 2012; and

"Regulations" means regulations in terms of the Road Accident Fund (Transitional Provisions) Act, No.15 of 2012.

Election of statutory regime by the third party

2. A third party who elects in terms of section 2(1) of the Act to have the claim dealt with in terms of the old Act shall submit to the Fund, in accordance with the procedure specified in section 24(1) of the old Act, an Election Form ("RAF TP 1") attached as Annexure A to these Regulations.

Declaration of compensation received by the third party

3. A third party who does not elect in terms of section 2(1) of the Act to have the claim dealt with in terms of the old Act shall submit to the Fund, in accordance with the procedure specified in section 24(1) of the new Act, a Disclosure Form ("RAF TP 2") attached as Annexure B to these Regulations.

Short Title and Commencement

4. This Regulation shall be called the Road Accident Fund (Transitional Provisions) Regulations 2012 and shall come into operation on the date of publication thereof.

ANNEXURE A



RAF TP 1

ELECTION FORM

1 PARTICUL	ARS OF THIRD PARTY
Surname	
First names	
Date of Birth	YYYY MMOD ID number
Other Identification	Specify
Residential address	
Postal address	
Cell	
E-mail	

2 PARTICULARS OF PERSON(S) REPRESENTED BY THIRD PARTY

1. Surname			
First names			$2 \left[\frac{1}{2} \right]$
Date of Birth	YYYYMMOD	ID number	
Other Identification		Specify	
2. Surname			
First names			
Date of Birth	YYYY MM DO	ID number	· · · · · · · · · · · · · · · · · · ·
Other Identification		Specify	

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3. Surname		N(S) REPRESENT	ED BY THIRD PA		
First names					
Date of Birth	CTY MANDD	ID number			
Other Identification		Specify	n an		
4. Surname					
First names					
Date of Birth	YYYY MMDD	ID number	an e na ana ariyana ina ariyan (na 1996). Mana ang ang ang ang ang ang ang ang ang]
Other Identification		Specify			
	n 4 persons are repre ARS OF ACCIDE	esented kindly furnish t	ne details of the addit	ional person(s) in an a	annexure.
0					

4 ROAD ACCID	ENT FUND CLAIM NUMBER where a claim has already been lodged with the Road Accide	ent Fund)
Claim Number		

SAPS/Metro Police Ref No.

Section 2 Control of the section 2 (1) of the Road Accident Fund (Transitional Provisions) Act, 2012 that my claim and the claims(s) of the person(s) identified in paragraph 2 above and in any annexure to this form, arising from the accident identified in paragraph 3 above, remain subject to the old Act. Signature of deponent Date of signature CERTIFICATION: I hereby certify that before administrating the oath / taking the affirmation I asked the deponent the following questions and noted his / her answers in his / her presence as indicated below: Do you know and understand the contents of the above declaration? Do you consider the prescribed oath to be binding on your conscience? I hereby certify that the desponent has acknowledged that he / she knows and understands the contents of this declaration which was sworn to / affirmed before me and the deponent's signature was placed thereon in my presence is indicated and understands the contents of the above declaration? Signature of Justice of the Peace /	RAF TP
elect in terms of subsection 2(1) of the Road Accident Fund (Transitional Provisions) Act, 2012 that my claim and the claims(s) of the person(s) identified in paragraph 3 above, remain subject to the old Act. Signature of deponent Date of signature YYY Litration CERTIFICATION: I hereby certify that before administrating the oath / taking the affirmation I asked the deponent the following questions and noted his / her answers in his / her presence as indicated below: 1. Do you know and understand the contents of the above declaration? 2. Do you have any objection to taking the prescribed oath? 3. Do you consider the prescribed oath to be binding on your conscience? 4. Hereby certify that the desponent has acknowledged that he / she knowe and understands the contents of this ideclaration which was swom to / affirmed before me and the deponent's signature was placed thereon in my preseses Signature of Justice of the Peace / Commissioner of Oaths Sumame First Names	
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First Names	
Designation	
Area for which appointed	
Area for which appointed	
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ANNEXURE B

DISCLOSURE FORM



PARTICULARS OF THIRD PARTY

Surname	
First names	
Date of Birth	ID number
Other Identification	Specify
Residential address	
Postal address	
Home Telephone	WorkTelephone
Cell	
E-mail	

2 AMOUNTS RECOVERED AND RECEIVED BY THIRD PARTY

a. Indicate the amount recovered from the driver/owner/e accident:	employer of the driver of the motor vehicle involved in the
	R A A A A A A A A A A A A A A A A A A A
b. Indicate the amount received as an interim payment in	terms of section 17(6) of the old Act:
	R
c. Indicate the amount paid to suppliers in terms of sect	ion 17(5) of the old Act:
	R
d. Indicate the amount received in terms of the Compens Defence Act, 2002 or any other Act of Parliament gove	eation for Occupational Injuries and Diseases Act, 1993; the erning the South African National Defence Force:
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page 2

DISCLOSURE F	ORM		Road Accident Fund
	RS OF PERSON(S) REPRES OR RECEIVED BY SUCH PE		RTY AND AMOUNTS
4. Surname			
First names			
Date of Birth	ID numbe	۲۲	
Other Identification	Specify	, · · [
	amounts recovered or received con recovered or received:	templated in paragraph 2 (a	a) - (d) above indicate which such
c. R		d. R	
	rsons are represented kindly furnish	the details of the additional	person(s) in an annexure.
A PARTICUL	ARS OF ACCIDENT		
Date of accident	YYYY MM DD Tmeofa	ccident HH MM	AM or PM.

 5
 ROAD ACCIDENT FUND CLAIM NUMBER (To be completed where a claim has already been lodged with the Road Accident Fund)

 Claim Number

Place of accident

SAPS/Metro Police Ref No.

page 3

SCLOSURE FORM		Road RAF TP
		Accident Fund
6 DECLARATION		
I, the third party with the deta	ils reflected in paragraph 1 above hereby declare	e under oath / affirm that the information
furnished in this form and any	y annexure to this form is to the best of my belief	true and correct.
Signature of deponent		
Date of signature	YYYY MILOD	
CERTIFICATION:		
I hereby certify that before ac questions and noted his / her	Iministrating the oath / taking the affirmation I ask [,] answers in his / her presence as indicated below	ted the deponent the following v:
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