ACCIDENT REPORT FORM

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

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.

Date of accident ........................................................................................................................................

(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:

<table>
<thead>
<tr>
<th>Vehicle (i)</th>
<th>Vehicle (ii)</th>
<th>Vehicle (iii)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Registration letters and numbers</td>
<td>...............</td>
<td>...............</td>
</tr>
<tr>
<td>(b) Name of owner at time of accident</td>
<td>...............</td>
<td>...............</td>
</tr>
<tr>
<td>(c) Address of owner</td>
<td>...............</td>
<td>...............</td>
</tr>
<tr>
<td>(d) Name of driver at the time of accident</td>
<td>...............</td>
<td>...............</td>
</tr>
<tr>
<td>(e) Address of driver</td>
<td>...............</td>
<td>...............</td>
</tr>
</tbody>
</table>

5. Witness(es) to accident

<table>
<thead>
<tr>
<th>Witness (i)</th>
<th>Witness (ii)</th>
<th>Witness (iii)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Name ........................................................................</td>
<td>...............</td>
<td>...............</td>
</tr>
<tr>
<td>(b) Address ........................................................................</td>
<td>...............</td>
<td>...............</td>
</tr>
</tbody>
</table>

6. Person(s) injured or killed

<table>
<thead>
<tr>
<th>(i)</th>
<th>(ii)</th>
<th>(iii)</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a) Name ........................................................................</td>
<td>...............</td>
<td>...............</td>
</tr>
<tr>
<td>(b) Address ........................................................................</td>
<td>...............</td>
<td>...............</td>
</tr>
</tbody>
</table>

7. Accidents

(a) Date ........................................................................ 
(b) Time ........................................................................ 
(c) Place ........................................................................
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)

   ![Sketch Plan]

10. **Detailed description of accident**

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

Date ................................................................. ......................................................... Signature of driver

................................................................. ......................................................... Signature of owner