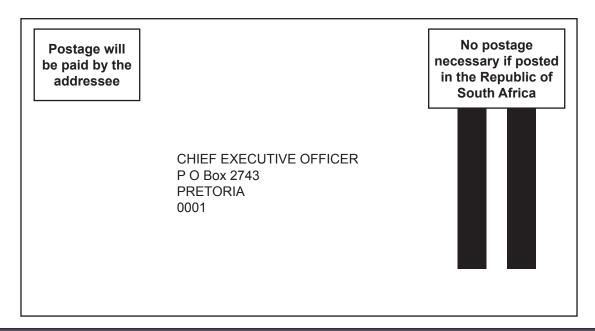


3 087 820 1 111

- 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.



Name(s)	Physical address
Surname	
ID number/Passport number	Postal address
Citizenship	
Telephone	Drivers license number
Facsimile	Date issued
Cell number	Endorsements, if any
E-mail address	Physical / mental defects, if any
	State whether you are also the owner of the vehicle

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

Colour



	Fund		
2 PARTICULARS OF THE OWNER OF THE VEHICLE - COMPLETE WHERE THE DRIVER WAS NOT THE OWNER:			
Name(s)	Cell number		
Surname	E-mail addresss		
ID number/Passport number	Physical address		
Citizenship			
Telephone number	Postal address		
Facsimile number			
racsimile number			
3 PARTICULARS OF THE MOTOR VEHICLE:			
Registration number	Make		

Model

Year

4 PARTICULARS OF OTHER MOTOR VEHICLES INVOLVED IN THE ACCIDENT:	
Vehicle 1	Vehicle 2
Registration number	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
i usiai audiess	i ustai audiess

Facsimile number



/ehicle 3	Vehicle 4
Registration number	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
What was the date of the accident? What was the time of the accident?	At which police station was the accident reported? What is the police reference number?
What was the time of the accident?	What is the police reference number?
Where did the accident take place?	
6 PARTICULARS OF WITNESS(ES)	TO THE ACCIDENT:
Witness 1	Cell number
Name(s)	
Surname	E-mail address
Camano	Physical address
ID number / Passport number	
Telephone number	



6 PARTICULARS OF WITNESS(ES) TO THE ACCIDENT:		
Witness 2	Cell number	
Name(s)		
	E-mail address	
Surname		
	Physical address	
ID number / Passport number		
Telephone number		
	Postal address	
Facsimile number		

Witness 3	Cell number	
Name(s)		
	E-mail address	
Surname		
	Physical address	
ID number / Passport number		
Telephone number		
	Postal address	
Facsimile number		

Cell number



	7 PARTICULARS OF PERSON(S) INJURED/DECEASED:	
Person 1	E-mail address	
Name(s)		
	Physical address	
Surname		
ID number / Passport number		
	Postal address	
Telephone number		
Facsimile number		
	State whether the injured / deceased was a driver,	
Cell number	passenger, cyclist or pedestrian.	
7 DARTICUI ARS OF DERSON		
/ PARTICULARS OF PERSON	(S) INJURED/DECEASED:	
7 PARTICULARS OF PERSON(Person 2	(S) INJURED/DECEASED: E-mail address	
•		
Person 2		
Person 2	E-mail address	
Person 2 Name(s)	E-mail address	
Person 2 Name(s)	E-mail address	
Person 2 Name(s) Surname	E-mail address	
Person 2 Name(s) Surname	E-mail address Physical address	
Person 2 Name(s) Surname ID number / Passport number	E-mail address Physical address	

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 Speed of own vehicle at time of accident

State whether the injured / deceased was a driver,

passenger, cyclist or pedestrian.



		_
9 sk	KETCH PLAN OF THE SCENE OF THE ACCIDENT:	
	N	
W	E	Ξ
	S	
		_
10	DETAILED DESCRIPTION OF THE ACCIDENT:	
10		
1		

RAF 3

ACCIDENT REPORT FORM (SECTIONS 22(1)(a) OF ACT NO. 56 OF 1996



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