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CONTENTS • INHOUD

No.

Page
No. Gazette
No.**GENERAL NOTICES****Transport, Department of***General Notices*

337	Draft Road Accident Fund Benefit Scheme Bill, 2014: For Public Comments	3	37612
338	Draft Road Accident Fund Benefit Scheme Regulations, 2014: For Public Comment.....	79	37612

BOARD NOTICE

50	Road Accident Benefit Scheme Bill, 2014: Rules	84	37612
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GENERAL NOTICES

NOTICE 337 OF 2014 DEPARTMENT OF TRANSPORT

PUBLICATION FOR COMMENTS: DRAFT ROAD ACCIDENT FUND BENEFIT SCHEME BILL, 2014

The draft Road Accident Benefit Scheme Bill, 2014 is hereby published for public comments.

Any interested persons are requested to submit written comments in connection with the draft Road Accident Benefit Scheme Bill, 2014, within 60 days from the date of publication of this notice in the Government Gazette.

All comments should be posted to the Director-General Department of Transport for the attention of Ms Kgothatso Kgantsi at:

Department of Transport
Private Bag X193
PRETORIA
0001

E-mail: KgantsiK@dot.gov.za

Tel: 012 309 3917 or 012 309 3476

Fax: 012 309 3502

Or by hand delivery to: RABS Bill, Ground Floor, Forum Building, 159 Struben Street, Pretoria, 0002 or comments can be e-mailed to: rabsbill@dot.gov.za

Comments received after the closing date may not be considered.

REPUBLIC OF SOUTH AFRICA

ROAD ACCIDENT BENEFIT SCHEME BILL

*(As introduced in the National Assembly (proposed section 75); explanatory summary of
the Bill published in Government Gazette No. of 2014) (The English text is the official
text of the Bill)*

MINISTER OF TRANSPORT

[B 2014]

BILL

To provide for a social security scheme for the victims of road accidents; to establish the Road Accident Benefit Scheme Administrator to administer and implement the scheme; to provide a set of defined benefits on a no-fault basis to persons for bodily injury or death caused by or arising from road accidents; and to exclude liability of certain persons otherwise liable for damages in terms of the common law; and to provide for matters connected therewith.

PREAMBLE

AS the existing fault-based compensation system administered by the Road Accident Fund, established by the Road Accident Fund Act, 1996 (Act No.56 of 1996), is not effectively achieving the purpose for which it was created;

AS there is a need for an effective benefit system, which is reasonable, equitable, affordable and sustainable in the long term, and which optimises limited resources and facilitates timely and appropriate health care and rehabilitation to lessen the impact of injuries and which provides financial support to reduce the income vulnerability of persons affected by injury or death from road accidents;

AS there is a need to expand and facilitate access to benefits by providing them on a no-fault basis;

AS there is a need to simplify claims procedures, reduce disputes and create certainty by providing defined and structured benefits; and

AS there is a need to establish administrative procedures for the expeditious resolution of disputes that may arise and to alleviate the burden on the courts;

THEREFORE, Parliament of the Republic of South Africa enacts as follows:—

ARRANGEMENT OF SECTIONS

Sections

CHAPTER 1

DEFINITIONS AND OBJECTIVES

- 1 Definitions
- 2 Objectives of Act

CHAPTER 2

ROAD ACCIDENT BENEFIT SCHEME ADMINISTRATOR

- 3 Establishment
- 4 Financial year
- 5 Duties
- 6 Powers

CHAPTER 3

GOVERNANCE

Part A

Board

- 7 Composition and appointment
- 8 Vacancies
- 9 Chairperson and Deputy Chairperson
- 10 Term of office
- 11 Disqualifications
- 12 Committees
- 13 Meetings
- 14 Remuneration and reimbursement
- 15 Duties
- 16 Conduct
- 17 Resignation
- 18 Removal
- 19 Dissolution of Board by Minister

Part B

Chief Executive Officer

- 20 Appointment
- 21 Acting Chief Executive Officer
- 22 Accountability
- 23 Duties
- 24 Employees at executive management level

25 Delegation and assignment

26 Dismissal

CHAPTER 4

FINANCE

27 Financing of Administrator

CHAPTER 5

LIABILITY OF ADMINISTRATOR AND OTHER PERSONS

28 Limitation of Administrator's liability

29 Exclusion of liability of owner, driver and employer of driver

CHAPTER 6

BENEFITS

30 Categories of benefits

Part A

Health care services

31 Liability of Administrator in respect of health care services

32 Contracted health care service providers

33 Non-contracted health care service providers

34 Individual treatment or rehabilitation plan

Part B

Income support benefit

35 Liability of Administrator in respect of income benefits

36 Temporary income support benefit

37 Long-term income support benefit

38 Vocational training programmes

Part C***Family support benefits***

- 39 Liability of Administrator in respect of family support benefits

Part D***Funeral benefits***

- 40 Liability of Administrator in respect of funeral benefits

Part E***Benefit review***

- 41 Termination, suspension and revision of benefits
42 Substitution of recipient of certain benefits

CHAPTER 7**CLAIMS PROCEDURE**

- 43 Procedure for claiming benefits
44 Obligations of the claimant or beneficiary
45 Information to be furnished to Administrator by third parties
46 Powers of Administrator to investigate
47 Claims lapse in certain circumstances
48 Time periods for determination of claims

CHAPTER 8**DISPUTE RESOLUTION**

- 49 Appeals

CHAPTER 9**GENERAL PROVISIONS**

- 50 Accident report by drivers and owners
- 51 Professional and other fees
- 52 Limitation of certain liability
- 53 Restriction on transfer of rights to benefits
- 54 Service of process commencing litigation
- 55 Regulations and certain notices by Minister
- 56 Rules by Board
- 57 Offences
- 58 Transitional provisions and savings
- 59 Insertion of section 1A in Act 56 of 1996
- 60 Substitution of section 5 of Act 56 of 1996, as amended by section 74 of Act 19
of 2001 and section 126 of Act 31 of 2005
- 61 Short title and commencement

CHAPTER 1

DEFINITIONS AND OBJECTIVES

Definitions

1. In this Act, unless the context indicates otherwise—

“Administrator” means the Road Accident Benefit Scheme Administrator established by section 3;

“assistive devices” means devices that increase a person’s ability to carry out activities of daily living, including prosthetic and orthotic devices, spectacles and hearing aids;

“average annual national income” means the amount determined by the Minister under section 55(4);

“benefit” means a benefit provided for in Chapter 6;

“beneficiary” means a claimant who is granted a benefit;

“Board” means the Board of the Administrator contemplated in section 7;

“bodily injury” means a physical or psychological injury as well as damage to the victim’s assistive devices, caused by or arising from a road accident;

“Chief Executive Officer” means the Chief Executive Officer of the Administrator appointed in terms of section 20;

“child”, in relation to a deceased breadwinner, means a biological or adopted child, including a posthumous child under the age of 18 years of the deceased breadwinner;

“claim” means a claim for a benefit;

“claimant” means a person who has submitted a claim;

“deceased breadwinner” means a person whose death was caused by or arose from a

road accident;

“dependant” means—

- (a) any spouse of the deceased breadwinner;
- (b) any child of the deceased breadwinner; or
- (c) any other person who was dependant on the deceased breadwinner, provided such person is legally entitled to support from the deceased breadwinner and would have received such support had the breadwinner not died;

“emergency health care service” means any health care service which is immediately required in an emergency situation in order to preserve the injured person’s life or bodily functions, or both;

“funeral” means to cremate or to inter the deceased in a grave or burial place;

“health care service provider” means a health care provider or a health establishment, as defined in the National Health Act, 2003 (Act No. 61 of 2003);

“immediate family member” means a spouse, parent, grandparent or a sibling or child above the age of 18;

“injured person” means a person who suffered a bodily injury;

“long-term personal care” means both medical and non-medical services provided for an extended period of time to an injured person who is unable to fully execute activities of daily living;

“medical practitioner” means a person registered as such under the Health Professions Act, 1956, (Act No. 56 of 1974);

“medical report” means a medical report required to be submitted to the Administrator in terms of this Act;

“medical scheme” means a medical scheme registered as such under the Medical Schemes Act, 1998 (Act No.131 of 1998);

“Minister” means the Minister of Transport;

“occupational therapist” means a person registered as such under the Health Professions Act, 1956 (Act No. 56 of 1974);

“other suitable expert” means a person, other than a student or intern, registered with the Health Professions Council of South Africa in a profession registrable under the Health Professions Act, 1956 (Act No. 56 of 1974) or the Allied Health Professions Act, 1982 (Act No. 63 of 1982);

“pre-accident income cap” means the amount determined by the Minister under section 55(5);

“prescribe” means prescribe by regulation;

“regulations” means the regulations made by the Minister under section 55;

“road accident” means an incident caused by or arising from—

- (a) the driving of a vehicle;
- (b) entering or exiting a vehicle;
- (c) leaving a vehicle stationary;
- (d) the moving of a vehicle as a result of gravity;
- (e) a vehicle coming to a standstill; or
- (f) evasive action taken to avoid collision with a vehicle.

“Road Accident Fund” means the entity established by section 2 of the Road Accident Fund Act, 1996 (Act No. 56 of 1996);

“rules” means the rules made by the Board under section 56;

“spouse”, in relation to a deceased breadwinner, means—

- (a) a person who was a spouse of the deceased breadwinner in a marriage concluded in accordance with the Marriage Act, 1961 (Act No. 25 of 1961) or its equivalent in foreign law;
- (b) a person who was a spouse of the deceased breadwinner in a marriage recognised in terms of section 2 of the Recognition of Customary Marriages Act, 1998 (Act No. 120 of 1998) or its equivalent in foreign law;
- (c) a person who was the partner of the deceased breadwinner in a civil union concluded in accordance with the Civil Union Act, 2006 (Act No. 17 of 2006) or its equivalent in foreign law;
- (d) a person who was a spouse of the deceased breadwinner in a union recognised as a marriage in accordance with the tenets of any religion;
and
- (e) a person who was the partner of the deceased breadwinner in a permanent domestic life-partnership in terms of which the parties had contractually undertaken reciprocal duties of support;

“this Act” includes any regulation or rule made or notice published in terms of this Act;

“vehicle” means a vehicle designed or adapted for propulsion or haulage on a road by means of fuel, gas or electricity, including a trailer, caravan, agricultural or other implement designed to be drawn by such a vehicle; and

“vocational training” means training, aimed at assisting the beneficiary to maintain employment, obtain employment, or regain or acquire vocational independence.

Objectives of Act

2. The objectives of this Act are to—
- (a) provide an effective benefit scheme in respect of injury or death caused by or arising from road accidents, which benefit scheme is reasonable, equitable, affordable and sustainable;
 - (b) exclude from civil liability certain persons responsible for bodily injuries or death caused by or arising from road accidents;
 - (c) establish the Administrator;
 - (d) establish procedures for the assessment and determination of claims and disputes; and
 - (e) provide for transitional arrangements regarding the Board, staff, assets, rights and obligations of the Road Accident Fund.

CHAPTER 2

ROAD ACCIDENT BENEFIT SCHEME ADMINISTRATOR

Establishment

3. (1) The Road Accident Benefit Scheme Administrator is hereby established.
- (2) The Administrator is a juristic person.

Financial year

4. The financial year of the Administrator is the period of 12 months beginning 1 April each year, and ending on 31 March of the following year.

Duties

5. The Administrator must—
- (a) assist qualifying persons to submit claims;
 - (b) receive claims and medical reports;
 - (c) assess, accept or reject claims for benefits and establish and maintain a database of claimants and beneficiaries;
 - (d) determine appeals regarding the entitlement to or the provision of benefits;
 - (e) facilitate access to early and effective medical and vocational rehabilitation for injured persons;
 - (f) enter into agreements with public and private health care service providers as set out in section 32;
 - (g) adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and
 - (h) keep such accounting and related records as required by law.

Powers

6. The Administrator may—

- (a) employ personnel;
- (b) purchase or otherwise acquire goods, equipment, land, buildings, shares, debentures, stock, securities and any other kind of movable or immovable property;
- (c) sell, lease, mortgage, encumber, dispose of, exchange, cultivate, develop, build upon, improve or in any other way deal with its property;
- (d) manage and utilise its resources for purposes connected with or resulting from the exercise of its powers and the performance of its duties;
- (e) subject to national legislation, invest any money and realise, alter or reinvest such investments or otherwise deal with such money or investments;
- (f) subject to national legislation, borrow money and secure the payment thereof in such manner as it may deem fit;
- (g) draw, draft, accept, endorse, discount, sign and issue promissory notes, bills and other negotiable or transferable instruments, excluding share certificates;
- (h) insure itself against any loss, damage, risk or liability which it may suffer or incur;
- (i) undertake or sponsor research and appropriate programmes or projects designed to—
 - (i) facilitate timeous access to health care services;

- (ii) facilitate independent living, social rehabilitation and life enhancement assistance for injured persons;
- (iii) enhance public awareness regarding the causes of road accidents and the provisions of this Act; and
- (iv) increase road safety;
- (j) investigate the causes of road accidents, the injuries sustained in road accidents, means of reducing road accidents and any other matter concerning claims or the provision of benefits in terms of this Act;
- (k) establish and maintain a road accident database;
- (l) establish and maintain a medical and trauma database relating to road accidents;
- (m) conclude any agreement and engage or consult persons regarding any matter contemplated in this Act; and
- (o) take any other action or step which is incidental or conducive to the exercise of its powers or the performance of its duties.

CHAPTER 3

GOVERNANCE

Part A

Board

Composition and appointment

7. (1) The Administrator is governed by a Board, consisting the following

14 members—

- (a) the Chief Executive Officer;
 - (b) Ten with qualifications and at least ten years of experience in one or more of the fields of medicine, disability management, medical insurance, hospital management, public finance, public transport, information technology systems, actuarial science or law, appointed by the Minister;
 - (c) the Director-General of the national Department of Transport, or his or her delegate;
 - (d) the Director-General of the National Treasury, or his or her delegate; and
 - (e) the Director-General of the national Department of Health, or his or her delegate.
- (2) Before the members of the Board contemplated in subsection (1)(b) are appointed, the Minister must, through the national media, invite nominations from members of the public for these positions on the Board.
- (3) The Minister shall publish by notice in the Gazette, the list of nominees, their qualifications and experience.
- (4) With the exception of academic staff members of higher education institutions, as defined in the Higher Education Act 1997 (Act No. 101 of 1997), the members of the Board contemplated in subsection (1)(b) must not be persons who are employed by the State.
- (5) The Minister must, within 30 days from the date of appointment of a member of the Board, notify Parliament of the appointment and give notice

of the appointment in the *Gazette*.

- (6) The Chief Executive Officer, and the Directors-General are *ex officio* members of the Board, but may not vote at its meetings.

Vacancies

8. Whenever a position contemplated in section 7(1)(b) becomes vacant before the expiry of the member's term of office, the Minister may appoint any competent person to serve for the unexpired portion of the term of office, without following section 7.

Chairperson and Deputy Chairperson

9. (1) The Minister must appoint a Chairperson and Deputy Chairperson from amongst the members of the Board contemplated in section 7(1)(b).
- (2) Whenever both the Chairperson and the Deputy Chairperson of the Board are absent or unable to fulfil the functions of the Chairperson, the members of the Board must designate any other member of the Board contemplated in section 7(1)(b), to act as Chairperson of the Board during such absence or incapacity.

Term of office

10. (1) The members of the Board contemplated in section 7(1)(b) hold office for a

period of three years and may be re-appointed for one further period of not exceeding three years.

- (2) Notwithstanding anything to the contrary in this Act, if it is impractical to follow the process contained in this Act for the appointment of members contemplated in section 7(1)(b), the Minister may appoint interim Board members and an interim Chairperson and Deputy Chairperson, for a period not exceeding twelve months provided that the Minister must, within 30 days after their appointment, notify Parliament and publish the particulars of the appointees in a notice in the *Gazette*.

Disqualifications

11. A person is disqualified from being a member of the Board if that person—

- (a) is a minor;
- (b) has at any time been declared insolvent or his or her estate sequestrated;
- (c) has ever been, or is, removed from an office of trust on account of misconduct;
- (d) is or becomes subject to an order of court holding him or her to be mentally ill or unfit;
- (e) was within the previous 10 years, or is, convicted of theft, fraud, forgery or any offence involving dishonesty; or
- (f) is otherwise disqualified from serving as director in terms of the Companies Act, 2008 (Act No. 71 of 2008).

Committees

12. The Board may establish committees and may, subject to such conditions as it may impose, delegate or assign any of its powers or duties to a committee.

Meetings

13. (1) The Board must meet as often as the business of the Administrator may require.
- (2) The Board must devise the procedures for its meetings and decisions and those of its committees provided that—
- (a) a quorum for any meeting of the Board or a committee shall be a majority of the members entitled to vote;
 - (b) if there is disagreement, decisions of the Board or a committee shall be taken by a majority of votes cast; and
 - (c) the person presiding at a meeting of the Board shall have a casting vote in addition to his or her deliberate vote.
- (3) The Board or a committee may invite any person to attend a meeting for the purpose of advising or informing it on any matter.

Remuneration and reimbursement

14. The members of the Board contemplated in section 7(1)(b) are entitled to such remuneration and allowances for the attendance of Board meetings as the

Minister may determine in consultation with the Minister of Finance.

Duties

15. The Board must—

- (1) fulfil the functions of an accounting authority in terms of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- (2) devise strategies and policies to—
 - (a) monitor and evaluate the work performance of the Administrator;
 - (b) ensure that the assessment of claims and the provision of benefits are conducted effectively and efficiently to beneficiaries by the Administrator;
 - (c) ensure that adequate information technology systems enable and support the operations, financial controls, risk and performance management of the Administrator;
 - (d) ensure that effective human resource development and succession planning for executive and senior management positions are put in place by the Administrator;
 - (e) ensure that the Administrator develops and maintains sound working relationships with relevant organs of state and stakeholders;
 - (f) regarding any other matter to achieve the objects of this Act;
- (3) make the rules contemplated in section 56; and
- (4) advise the Minister in respect of any matter relevant to its functions,

including any proposal for an amendment to this Act or any regulation to be made.

Conduct

16. (1) A member of the Board may not be employed or contracted to a position that will conflict with the proper performance of his or her functions.
- (2) A member of the Board may not—
- (a) attend, participate in, vote or influence the proceedings during a meeting of the Board or a committee if, in relation to the matter before the Board or a committee, that member has an interest, including a financial interest, that precludes him or her from acting in a fair, unbiased or proper manner; or
 - (b) make private use of, or profit from, any confidential information obtained as a result of performing his or her functions as a member of the Board.
- (3) For purposes of subsection 2(a), a financial interest means a direct material interest of a monetary nature, or to which a monetary value may be attributed, but does not include an indirect interest held in any fund or investment if the person who holds the interest has no control over the investment decisions of that fund or investment.

Resignation

17. A member may resign from the Board by written notice to the Minister.

Removal

18. The Minister must remove a member of the Board if that member—

- (a) is or becomes disqualified as contemplated in section 11;
- (b) fails to satisfactorily perform the functions of office; or
- (c) becomes unable to continue to perform the functions of office.

19. Dissolution of Board by Minister

- (1) (a) Notwithstanding section 18, the Minister may dissolve the entire Board if the Minister, on good cause, loses confidence in the ability of the Board to perform its functions effectively and efficiently.
- (b) The Minister may dissolve the Board only—
 - (i) after having given the Board a reasonable opportunity to make representations; and
 - (ii) after having considered any representations received.
- (c) If the Minister dissolves the Board in terms of this section, the Minister—
 - (i) may appoint a Commissioner to take over the functions of the Board and to do anything which the Board might otherwise be empowered or required to do by or under this Act, subject to such conditions as the Minister may determine; and
 - (ii) must, as soon as it is feasible but not later than six months after the dissolution of the Board, appoint new members to the Board and for

this purpose section 7 applies with the changes required by the context.

- (2) (a) The costs associated with the appointment and functioning of the Commissioner shall be for the account of the Administrator.
- (b) The appointment of the Commissioner terminates at the first meeting of the new Board members.

Part B

Chief Executive Officer

Appointment

- 20. (1) The Minister shall, upon recommendation of the Board, appoint a suitably qualified and experienced person as Chief Executive Officer on such terms and conditions of employment as may be determined by the Minister.
- (2) The Chief Executive Officer is appointed for a period not exceeding five years which period may be extended for one further period of five years.

Acting Chief Executive Officer

- 21. (1) During a vacancy in the office of the Chief Executive Officer or in the event of the Chief Executive Officer being legally incapacitated or unable for a period longer than one month, for any reason, to perform the functions of

the office, the Minister shall, upon the recommendation of the Board, appoint an Acting Chief Executive Officer.

- (2) Any provision of this Act relating to the Chief Executive Officer applies with the changes required by the context to an acting Chief Executive Officer.

Accountability

22. The Chief Executive Officer is the accounting officer and is accountable to the Board.

Duties

23. The Chief Executive Officer must—
- (a) manage the employees and day-to-day business of the Administrator;
 - (b) implement the strategies, policies, directives and resolutions adopted by the Board;
 - (c) direct performance by the Administrator of its duties;
 - (d) formulate internal directions in respect of the management of the Administrator;
 - (e) issue, if appropriate, guidelines regarding the manner in which claims should be administered by the employees of the Administrator; and
 - (f) advise the Board regarding any matter referred to him or her by the Board.

Employees at executive management level

24. (1) The Board, in consultation with the Chief Executive Officer, appoints and dismisses executive managers.

(2) The Board determines which positions constitute executive management.

Delegation and assignment

25. The Chief Executive Officer may delegate any of his or her powers or assign any of his or her duties to an employee of the Administrator subject to such conditions and restrictions as he or she may determine and, in such delegation or assignment, provide for the sub-delegation of powers delegated or for the reassignment of duties assigned.

Dismissal

26. The Minister may dismiss or suspend the Chief Executive Officer, on recommendation of the Board, for good reason.

CHAPTER 4

FINANCE

Financing of Administrator

27. (1) The Administrator must be financed on a fully funded basis, benefits must

be paid from its reserves and its liabilities may not exceed accumulated reserves after adjustment at year end.

- (2) The Administrator is funded from—
- (a) a Road Accident Benefit Scheme levy provided for in the Customs and Excise Act, 1964 (Act No. 91 of 1964), to perform its functions as provided for in this Act but excluding its functions referred to in paragraph (b); and
 - (b) moneys appropriated by Parliament to perform its functions in respect of all claims under the Road Accident Fund Act, 1996 (Act No. 56 of 1996).

CHAPTER 5

LIABILITY OF ADMINISTRATOR AND OTHER PERSONS

Limitation of Administrator's liability

28. (1) The Administrator shall not be liable to provide a benefit, nor is the liability of any person excluded, in respect of bodily injury or death caused by or arising from the use of a vehicle to perpetrate a terrorist activity, as defined in the Protection of Constitutional Democracy Against Terrorist and Related Activities Act, 2004 (Act No.33 of 2004).
- (2) The Director-General of the Department of Labour or an employer may not recover compensation that they are obliged to pay in terms of the

Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993), from the Administrator.

(3) If the Administrator is liable to provide a benefit to a claimant or beneficiary who is—

(a) an employee of an employer contemplated in the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993); or

(b) a member of the South African National Defence Force contemplated in the Defence Act, 2002 (Act No. 42 of 2002),

the Administrator shall be entitled to deduct, in the manner set out in the rules, from that benefit any payment made in terms of the legislation specified in subparagraphs (a) and (b) in respect of bodily injury or death caused by or arising from the road accident.

(4) If an injured person or deceased breadwinner was not legally present in the Republic at the time of the road accident, the liability of the Administrator to—

(a) the injured person; and

(b) any other person, including the dependants of a deceased breadwinner

is limited to payment for the provision of emergency health care services.

Exclusion of liability of owner, driver and employer of driver

29. No civil action for damages in respect of bodily injury or death of any person

caused by or arising from a road accident shall lie against—

- (a) the owner or driver of a vehicle involved in the road accident; or
- (b) the employer of the driver.

CHAPTER 6

BENEFITS

Categories of benefits

30. This Act makes provision for the following benefits—

- (a) the health care services provided for in part A of this Chapter;
- (b) the income support benefits provided for in part B of this Chapter;
- (c) the family support benefits provided for in part C of this Chapter; and
- (d) the funeral benefits provided for in part D of this Chapter.

Part A

Health care services

Liability of Administrator in respect of health care services

31. (1) Subject to this Act, the Administrator shall be liable to pay for health care services reasonably required for the treatment, care and rehabilitation of injured persons including but not limited to—

- (a) transport required to receive any health care service;

- (b) pre-hospital care and inter-facility transfer;
 - (c) emergency and acute care;
 - (d) hospitalisation and outpatient services;
 - (e) accommodation required to receive any health care service;
 - (f) rehabilitative care;
 - (g) vocational ability assessment and training;
 - (h) long-term personal care;
 - (i) assistive devices;
 - (j) structural changes to homes, vehicles and the workplace; and
 - (k) medical reports required under this Act.
- (2) In assessing whether a health care service is reasonably required for the treatment, care or rehabilitation of an injured person, the Administrator shall have to regard whether it is—
- (a) for the purpose of restoring the injured person's health to the extent practicable;
 - (b) appropriate and of the quality required for that purpose;
 - (c) performed only on a number of occasions necessary for that purpose;
 - (d) given at a time or place appropriate for that purpose;
 - (e) of a type normally provided by a health care service provider; and
 - (f) provided by a health care service provider who is qualified to provide that service and who normally provides the health care service.

Contracted health care service providers

32. (1) Subject to section 217 of the Constitution of the Republic of South Africa, 1996, the Administrator may enter into agreements with public and private sector health care service providers to provide for—
- (a) the delivery of health care services to injured persons;
 - (b) the submission of proof that the bodily injury was caused by or arose from a road accident;
 - (c) an agreed fee structure which may differ from the tariffs prescribed by the Minister in terms of this Act;
 - (d) medical, health care and rehabilitation policies, protocols or standards to be complied with by the contracted health care service provider;
 - (e) the keeping of records of bodily injuries and treatment provided and the provision of such records to the Administrator;
 - (f) pre-authorisation in respect of non-emergency health care services;
 - (g) terms of payment; and
 - (h) any other matter related to the provision of health care services to injured persons.
- (2) No person, other than the Administrator, shall be liable to a contracted health care service provider for providing a health care service to an injured person unless—
- (a) the health care service provided falls outside of the terms of agreement between the Administrator and the contracted health

care service provider; or

(b) the person is a medical scheme.

- (3) If payment is made to a contracted health care service provider in the circumstances contemplated in subsection 2(a) or (b), the Administrator shall not be liable to the contracted health care service provider but to the person making the payment, in the manner set out in section 33.

Non-contracted health care service providers

33. (1) The Administrator shall be liable to pay a non-contracted health care service provider, or any person who paid such a health care service provider, the costs of health care services provided to an injured person, provided that—
- (a) a claim and proof that the bodily injury was caused by or arose from a road accident, must be submitted in the manner set out in the rules;
 - (b) the Minister may, after consultation with the Minister of Health, limit the liability of the Administrator for the provision of health care services to a reasonable tariff which must be prescribed;
 - (c) if there is no prescribed tariff for a medical health care service, the liability of the Administrator shall be limited to the reasonable costs of the health care service; and
 - (d) the Administrator shall only be liable for health care services provided in the Republic.

- (2) (a) The Administrator may, in the manner set out in the rules, require its prior approval in respect of non-emergency health care services.
- (b) The Administrator shall not be liable in respect of such health care services if prior approval had been required but not obtained.

Individual treatment or rehabilitation plan

34. (1) The Administrator may determine at any time that future health care services should be provided to a beneficiary in terms of an individual treatment or rehabilitation plan, provided that—
- (a) the Administrator must provide information to the beneficiary regarding the process to be followed, the beneficiary's rights and the consequences of the adoption of the plan;
 - (b) the following persons must be given an opportunity to participate in the preparation and costing of the plan to the extent that they are willing and able to do so—
 - (i) the beneficiary;
 - (ii) any health care service provider or prospective health care service provider of the beneficiary; and
 - (iii) any employer or prospective employer of the beneficiary;
 - (c) the Administrator must request the beneficiary to consent to the plan prepared for him or her and may only adopt a plan without the written consent of the beneficiary if the beneficiary is incapable of consenting to the plan or unreasonably withholds his or her

consent.

- (2) For the purpose of preparing an individual treatment or rehabilitation plan, the Administrator may require a beneficiary to be assessed by a health care service provider, at the cost of the Administrator;
- (3) Once the Administrator determines an individual treatment or rehabilitation plan for a beneficiary—
 - (a) the Administrator may direct that health care services required under the plan be provided by a contracted health care service provider or any other health care service provider appointed by the Administrator; and
 - (b) the liability of the Administrator for payment for health care services shall be limited to the health care services provided for in the plan.

Part B***Income support benefit*****Liability of Administrator in respect of income support benefit**

35. (1) Subject to this Act, the Administrator shall be liable to provide—
- (a) a temporary income support benefit to injured persons; and
 - (b) a long-term income support benefit to injured persons,
- provided that no temporary or long-term income support benefit shall be paid to a person who is not ordinarily resident in the Republic.
- (2) For the purpose of subsection (1) and unless the contrary is shown, a person shall be deemed not to be ordinarily resident in the Republic if he or she—
- (a) is absent from the Republic for a period of longer than six months per year, for the three years preceding the road accident or any consecutive three year period thereafter; or
 - (b) fails to submit, within a reasonable period after being requested to do so by the Administrator, an affidavit, affirmation or solemn or attested declaration commissioned in the Republic confirming that he or she remains ordinarily resident in the Republic and furnishing his or her place of residence in the Republic.

Temporary income support benefit

36. (1) The Administrator shall assess whether it is liable to pay a temporary income support benefit to an injured person provided that a claim must be submitted in the manner set out in the rules and must include—
- (a) proof of the injured person's pre-accident income in the manner provided in subsection (2), failing which the injured person must be deemed, for purposes of determining the benefit, to have earned the pre-accident income contemplated in subsection (3); and
 - (b) proof of the injured person's inability to perform his or her pre-accident occupation or work or earn an income and that the inability is caused by or arose from a road accident, in the manner provided in subsection (4).
- (2) A claim for a temporary income support benefit must be supported by proof of the injured person's pre-accident income in the following manner—
- (a) in the event that the injured person was required to file a tax return in terms of the applicable tax legislation the claim must be supported by a tax assessment for the relevant year or years for the three years preceding the road accident;
 - (b) in the event that the injured person earned more than the average annual national income but was not required to file a tax return in any of the three years preceding the road accident the claim for the relevant year or years must be supported by payslips issued by the

- injured person's employer, or a contract of employment or letter of appointment, provided that if such documentation does not exist or is not available, the claim may be supported by any other verifiable documentary evidence or an affidavit, affirmation or solemn or attested declaration in support of the income earned; and
- (c) the highest annual income during the three years preceding the road accident, less taxation, if any was subtracted, must be used in the calculation of the temporary income support benefit.
- (3) In the absence of acceptable proof of income and in the case of economically inactive persons, the injured person must be deemed, for the purpose of this Act, to earn the average annual national income.
- (4) A claim for a temporary income support benefit must, in the manner set out in the rules, be accompanied by —
- (a) in the case of an injured person contemplated in subsection (2)(a) and (b), a medical report by a medical practitioner, compiled after conducting a physical examination of the injured person, confirming that the injured person is unfit to perform his or her pre-accident occupation or work due to a physical or psychological injury caused by or arising from a road accident and stipulating the period that the incapacity is likely to endure;
- (b) in the case of an injured person contemplated in subsection (3), a medical report by a medical practitioner, compiled after conducting a physical examination of the injured person, confirming that a physical or psychological injury caused by or arising from the road

accident materially and detrimentally affects the ability of the injured person to earn an income and stipulating the period that such detrimental effects are likely to endure;

(c) any further specialist medical report called for by the Administrator in order to assess the ability of the injured person to perform his or her pre-accident occupation or to earn an income, or to assess whether the inability was caused by or arose from a road accident; and

(d) confirmation by the injured person that his or her inability to perform his or her pre-accident occupation or work or to earn an income is due to a physical or psychological injury caused by or arising from a road accident, provided that, if the injured person is unable to provide such confirmation, it may be provided by any other person with knowledge of the reasons for the injured person's inability to earn an income.

(5) The amount and duration of the temporary income support benefit is to be determined as follows:

(a) In the case of injured persons contemplated in subsection (2)(a) and (b), the injured person's pre-accident income, less taxation, must be used in the calculation of the benefit, provided that the amount used in the calculation—

- (i) may not exceed the pre-accident income cap; and
- (ii) may not be less than the average annual national income;

(b) in the case of injured persons contemplated in subsection (3), the

injured person's deemed income must be used in the calculation of the benefit;

- (c) the period of entitlement to the temporary income support benefit is the period specified by the medical practitioner after the physical examination contemplated in subsection (4)(a) or (b), as the case may be, provided that the following periods are excluded:
 - (i) the first 60 days after the date of the road accident;
 - (ii) any period commencing two years after the date of the road accident;
 - (iii) any period before the injured person reached the age of 18 years; and
 - (iv) any period after the injured person has reached the age of 60 years;
 - (d) the amount of the temporary income support benefit, calculated for any year, must be calculated in accordance with the formula provided in Schedule 1.
 - (e) the Administrator must pay a temporary income support benefit by way of monthly instalments, but the Administrator may offer to a claimant or beneficiary a commutation of the temporary income support benefit and to pay a lump sum, and for that purpose section 37(10) applies with the changes required by the context.
- (6) The Administrator may accept a claim for a temporary income support benefit subject to conditions, including a requirement that the beneficiary submits further medical reports, regarding his or her ability to earn an

income.

- (7) A temporary income support beneficiary is not entitled to inflationary adjustments of the amount of the benefit paid by the Administrator but the Minister may, subject to affordability, from time to time, adjust the temporary income support benefit to take into account the effects of inflation.

Long-term income support benefit

37. (1) The Administrator shall assess whether it is liable to pay a long-term income support benefit to an injured person provided that a claim must be submitted in the manner set out in the rules and must include—
- (a) details of income earned subsequent to the road accident and any representations or additional information which the injured person wishes to submit regarding his or her post-accident vocational ability;
 - (b) in the case of an injured person who did not receive a temporary income support benefit—
 - (i) proof of the injured person's pre-accident income in the manner provided in section 36(2)(a) or (b), as the case may be, failing which the injured person must be deemed, for purposes of determining the benefit, to have earned the pre-accident income contemplated in section 36(3);
 - (ii) confirmation by the injured person that his or her inability to

earn an income is due to a physical or psychological injury caused by or arising from a road accident, provided that, if the injured person is unable to provide such confirmation, it may be provided by any other person with knowledge of the reasons for the injured person's inability to earn an income;

- (c) any further specialist medical report called for by the Administrator in order to assess the ability of the injured person to earn an income or to assess whether the inability was caused by or arose from a road accident; and
 - (d) an assessment of the injured person conducted by an occupational therapist or other suitable expert relating to the injured person's post-accident vocational ability, subject to subsections (2), (3) and (4).
- (2) An injured person who wishes to claim a long-term income support benefit must subject himself or herself to such assessment, conducted by an occupational therapist or other suitable expert in the manner set out in the rules, to determine the injured person's post-accident vocational ability, including an assessment of—
- (a) the nature of the physical or psychological injury and the vocational disability caused by or arising from the road accident and the period that such disability is likely to endure; and
 - (b) with reference to any relevant circumstance, including the age of the injured person and his or her qualifications, training, skills and experience, the range of occupations or paid work which the injured

person can perform.

- (3) The Board, in consultation with the Health Professions Council of South Africa, may make rules specifying—
 - (a) guidelines for the assessment of the injured person's post-accident vocational ability;
 - (b) training programmes for assessors; and
 - (c) accreditation criteria for assessors.
- (4) In the event that the Board has made rules regarding the training programmes and accreditation criteria contemplated in subsection (3), the assessment contemplated in subsection (2) may only be performed by an accredited assessor.
- (5)
 - (a) The Administrator must determine, with reference to all relevant information, including the availability of employment or other income generating opportunities available to an injured person and the details of income earned subsequent to the road accident, an amount which approximately represents the injured person's annual post-accident earning capacity.
 - (b) The Administrator may at any time adjust such amount with reference to the actual income earned by a beneficiary of a long-term income support benefit or any other relevant consideration.
- (6)
 - (a) In determining income earned in terms of subsection (5), no insurance money or pension which has been or will or may be paid as a result of the bodily injury, shall be taken into account.
 - (b) For the purposes of paragraph (a):

- (i) “*insurance money*” includes any proceeds or any refund of premiums and any payment of interest on such premiums;
 - (ii) “*pension*” includes a refund of contributions and any payment of interest on such contributions, and also any payment of a gratuity or other lump sum by a pension or provident fund or by an employer in respect of a person's employment.
- (7) The amount and duration of the long-term income support benefit is to be determined as follows:
 - (a) In the case of injured persons contemplated in section 36(2)(a) and (b), the injured person's pre-accident income, less taxation, must be used in the calculation of the benefit provided that the amount used in the calculation—
 - (i) may not exceed the pre-accident income cap per year; and
 - (ii) may not be less than the average national income;
 - (b) in the case of injured persons contemplated in section 36(3), the injured person's deemed income must be used in the calculation of the benefit;
 - (c) the period of entitlement to the long-term income support benefit must exclude—
 - (i) the period ending two years after the date of the road accident;
 - (ii) any period before the injured person reached the age of 18 years; and
 - (iii) any period after the injured person has reached the age of 60

years;

- (d) the amount of the long-term income support benefit, calculated for any year, must be calculated in accordance with the formula provided in Schedule 1.
 - (e) subject to subsection (10), the Administrator must pay a long-term income support benefit by way of monthly instalments.
- (8) The Administrator may accept a claim for a long-term income support benefit subject to conditions, including—
 - (a) the submission of further medical or vocational ability assessments regarding the beneficiary's ability to work or his or her post-accident earning capacity;
 - (b) the submission of further or periodic statements detailing the income earned by the beneficiary; and
 - (c) participation by the beneficiary in a vocational training programme.
- (9) A long-term income support beneficiary is not entitled to inflationary adjustments of the amount of the benefit paid by the Administrator but the Minister may, subject to affordability, from time to time, adjust the long-term income support benefit by notice in the Gazette to take into account the effects of inflation.
- (10) The Administrator may, having regard to the need to manage working capital efficiently and economically, and in accordance with pre-determined policy, offer to a claimant or a beneficiary of an income support benefit a commutation of the benefit for any period and pay to the claimant or beneficiary a lump sum in full and final settlement of the

Administrator's liability for that period.

Vocational training programmes

38. (1) The Administrator may at any time require a temporary or long-term income support beneficiary to participate in a vocational training programme, provided that—

- (a) the Administrator must provide information to the beneficiary regarding the process to be followed, the beneficiary's rights and the consequences of not participating in the programme;
- (b) the following persons must be given an opportunity to participate in the preparation and costing of the programme to the extent that they are willing and able to do so:
 - (i) the beneficiary; and
 - (ii) any employer or potential employer of the beneficiary;
- (c) the Administrator must request the beneficiary to consent in writing to participate in the vocational training programme and may only require the beneficiary to participate in a programme without the written consent of the beneficiary if the consent is unreasonably withheld.

(2) Once the Administrator requires a temporary or long-term income support beneficiary to participate in a vocational training programme—

- (a) the Administrator may direct that the programme be provided by a service provider contracted by the Administrator; and

- (b) the continuation of an income support benefit must be made conditional on the beneficiary participating in such a vocational training program.
- (3) The Minister may prescribe limits on the provision of vocational training to beneficiaries, including a cap on the amount which the Administrator may spend per beneficiary.

Part C

Family support benefits

Liability of Administrator in respect of family support benefits

39. (1) Subject to this Act, the Administrator shall be liable to provide a family support benefit to the dependants of a deceased breadwinner provided that no family support benefit shall be paid to a dependant who is not ordinarily resident in the Republic.
- (2) For purposes of subsection (1), and unless the contrary is shown, a dependant shall be deemed not to be ordinarily resident in the Republic if he or she—
- (a) is absent from the Republic for a period of longer than six months per year, for the three years preceding the death of the breadwinner; or
 - (b) fails to submit, within a reasonable period after being requested to

do so by the Administrator, an affidavit, affirmation or solemn or attested declaration commissioned in the Republic confirming that he or she remains ordinarily resident in the Republic and furnishing his or her place of residence in the Republic.

- (3) The Administrator shall assess its liability to pay a family support benefit to a dependant, provided that a claim must be submitted in the manner set out in the rules and must include—
- (a) proof that the claimant is a dependant contemplated in paragraphs (a), (b) or (c) of the definition of “*dependant*”;
 - (b) proof that the death of the deceased breadwinner was caused by or arose from a road accident;
 - (c) proof of the deceased breadwinner’s pre-accident income in the manner provided for in sections 36(2)(a) and (b), failing which the deceased breadwinner must be deemed to have earned the pre-accident income contemplated in section 36(3); and
 - (d) in the case of a claim by a spouse or spouses, proof of the pre-accident income of the spouse or spouses in the manner provided for in sections 36(2)(a) and (b), if those subsections are applicable.
- (4) The pre-accident income of the deceased breadwinner, less taxation, or deemed income, as the case may be, must be used in the calculation of the family support benefit, provided that the pre-accident income used in the calculation—
- (a) may not exceed the pre-accident income cap; and
 - (b) may not be less than the average annual national income.

- (5) The pre-accident income of the surviving spouse or spouses, less taxation, must be used in the calculation of the family support benefit, provided that the amount used in the calculation may not exceed the pre-accident income cap.
- (6) (a) In determining income earned in terms of subsection (4), no insurance money or pension which has been or will or may be paid as a result of the death of the deceased breadwinner, shall be taken into account.
- (b) For the purposes of paragraph (a):
- (i) “*insurance money*” includes a refund of premiums and any payment of interest on such premiums;
 - (ii) “*pension*” includes a refund of contributions and any payment of interest on such contributions, and also any payment of a gratuity or other lump sum by a pension or provident fund or by an employer in respect of a person's employment.
- (7) The amount of a family support benefit is to be determined in terms of the method and formula provided in Schedule 1.
- (8) The Administrator may accept a claim for a family income support benefit subject to conditions, including conditions—
- (a) in the case of a beneficiary other than a spouse or a child, requiring further or periodic proof that he or she remains a dependant; and
 - (b) in the case of a spouse, the provision of statements relating to income earned.
- (9) A beneficiary of a family support benefit is not entitled to inflationary

adjustments of the family support benefit paid by the Administrator but the Minister may, subject to affordability, from time to time by notice in the Gazette, adjust the family support benefit to take into account the effects of inflation.

- (10) The Administrator may, having regard to the need to manage working capital efficiently and economically, and in accordance with pre-determined policy, offer to a claimant or beneficiary of a family support benefit a commutation of the family support benefit for any period and to pay to the claimant or beneficiary a lump sum in full and final settlement of the Administrator's liability for that period.

Part D

Funeral benefit

Liability of Administrator in respect of funeral benefits

40. (1) Subject to this Act, the Administrator shall be liable, in respect of the costs of a funeral of a person whose death was caused by or arose from a road accident to pay—
- (a) an immediate family member of the deceased, a lump sum of R10 000,00 upon submission, in the manner set out in the rules--
- (i) of a copy of a notification or register of death form in terms of the Births and Deaths Registration Act, 1992 (Act No. 51 of 1992); and

- (ii) proof that the death was caused by or arose from a road accident.
- (b) any other person, if no immediate family member has made a claim in terms of paragraph (a), all reasonable expenses incurred in respect of the funeral of the deceased up to a maximum of R10 000.00 upon submission, in the manner set out in the rules.
- (i) of a copy of a notification or register of death form in terms of the Births and Deaths Registration Act, 1992 (Act no. 51 of 1992);
 - (ii) proof that the death was caused by or arose from a road accident; and
 - (iii) a detailed invoice or invoices reflecting the expenses incurred.
- (2) If it is impracticable to await a claim for a funeral benefit in terms of subsection (1) and the Administrator independently establishes its liability under this Act, the Administrator may—
 - (a) pay an immediate family member; or
 - (b) after consultation with an immediate family member, any other person, including a funeral undertaker,a lump sum of R10 000,00 in respect of the funeral of the deceased without a claim being submitted, in which event the Administrator shall not be liable in terms of subsection (1).
- (3) If the Administrator is unable to locate an immediate family member within a period of five days from the date of death, payment may be made in

terms of subsection 2(b) without consulting such immediate family member.

- (4) The Minister may, subject to affordability, from time to time, adjust the amount referred to in subsections (1) and (2) by notice in the Gazette to take into account the effects of inflation.

Part E

Benefit review

Termination, suspension and revision of benefits

41. (1) Any benefit granted terminates upon the death of the beneficiary.
- (2) The Administrator may at any time —
- (a) terminate the continued entitlement to any benefit if the beneficiary is no longer entitled to the benefit, including but not limited to—
- (i) failure to comply with a condition imposed in respect of that benefit;
- (ii) failure to comply within a reasonable period with a request made in terms of section 44; or
- (iii) the furnishing of false or misleading information as part of the claim submitted or information or documentation requested by the Administrator.

- (b) suspend the continued entitlement to any benefit if a beneficiary—
 - (i) unreasonably refuses to provide further medical reports or to submit to further medical assessments or vocational ability assessments;
 - (ii) unreasonably refuses to undergo necessary medical or other treatment prescribed by a medical practitioner;
 - (iii) unreasonably refuses or fails to participate in an individual treatment or rehabilitation plan or a vocational training programme determined by the Administrator; or
 - (iv) unreasonably refuses to accept employment which is within his or her capabilities and from which he or she can generate income to provide fully or partially for his or her maintenance.
 - (c) revise the benefit if the beneficiary is no longer entitled to the full amount of the benefit.
- (3) The Administrator must afford an affected beneficiary with an opportunity to make representations, prior to terminating, suspending or revising any benefit, provided that—
- (a) if a beneficiary cannot be located, or fails, within a stipulated time period, to make written representations or to attend a hearing aimed at providing him or her with an opportunity to make representations, the Administrator may take a decision without regard to representations; and
 - (b) if the Administrator took a decision without regard to representations, that decision may later be reversed or altered with

reference to any representations received from the beneficiary.

Substitution of recipient of certain benefits

42. The Administrator may, on good cause shown, substitute any beneficiary with a curator, appointed by a competent court on application by the Administrator, to receive the benefit on behalf of a beneficiary.

CHAPTER 7

CLAIMS PROCEDURE

Procedure for claiming benefits

43. (1) The forms and procedures applicable to the following claims must be set out in the rules:
- (a) a claim for a health care benefit provided for in part A of Chapter 6;
 - (b) a claim for a temporary and long-term income support benefit provided for in part B of Chapter 6;
 - (c) a claim for a family support benefit provided for in part C of Chapter 6; and
 - (d) a claim for a funeral benefit provided for in part D of Chapter 6.
- (2) Other than payment for contracted health care service providers and for a funeral benefit in terms of section 40(2), the Administrator shall not be liable for the provision of a benefit until a claim for such benefit is

submitted in the manner set out in the rules.

- (3) The Administrator may assist, if necessary, any injured person or other qualifying person to submit a claim in accordance with this Act, including making an application for the appointment of a curator if the qualifying person is unable to prepare and submit a claim in terms of this Act.

Obligations of the claimant and beneficiary

44. (1) Notwithstanding anything to the contrary in any law, and to assist the Administrator to make a determination in terms of this Act, the Administrator may require any claimant or beneficiary to—
- (a) attend an interview by the Administrator or its agents;
 - (b) furnish a written statement or affidavit to the Administrator regarding any aspect of a claim or benefit;
 - (c) furnish the Administrator with further particulars of the road accident or any other relevant information regarding any aspect of a claim or a benefit;
 - (d) furnish a document in his or her possession or under his or her control, relevant to a claim or a benefit to the Administrator; and
 - (e) provide his or her consent to the Administrator to access records held by third parties relevant to his or her claim or benefit.
- (2) The Administrator shall not be obligated to process any claim until a claimant has complied with any requirement imposed on him or her in terms of this section.
- (3) The Administrator may suspend any benefit until a beneficiary has complied with any requirement imposed on him or her in terms of this section.

Information to be furnished to Administrator by third parties

45. Notwithstanding anything to the contrary in any law or any agreement, and to assist the Administrator to make a determination in terms of this Act—

- (a) the Road Traffic Management Corporation, established by the Road Traffic Management Corporation Act, 1999 (Act No. 20 of 1999), must furnish, at the request of the Administrator, the Administrator with all relevant records relating to the road accident relating to a claimant or beneficiary and with any additional information requested, if such information is necessary for the determination of a claim or the review of a benefit;
- (b) the South African Police Service, established by the South African Police Service Act, 1995 (Act No. 68 of 1995), must furnish, at the request of the Administrator, the Administrator with all relevant records relating to the road accident relating to a claimant or beneficiary and with any additional information requested, if such information is necessary for the determination of a claim or the review of a benefit;
- (c) a health care provider and health establishment defined in section 1 of the National Health Act, 2003 (Act No. 61 of 2003), who provides public health care and a public health establishment, also defined in that section, must furnish, at the request of the Administrator, the Administrator with all relevant medical records of a claimant or beneficiary and with any additional information requested, if such information is necessary for the determination of a claim or the review of a benefit;
- (d) a health care provider and health establishment defined in section 1 of the

National Health Act, 2003 (Act No. 61 of 2003), who provides private health care and a private health establishment, also defined in that section, must furnish, at the request of the Administrator, the Administrator with all relevant medical records of a claimant or beneficiary and with any additional information requested, if such information is necessary for the determination of a claim or the review of a benefit;

- (e) a financial institution defined in section 1 of the Financial Services Board Act, 1990 (Act No. 97 of 1990), must furnish, at the request of the Administrator, the Administrator with all relevant information relating to the accounts of a claimant for or a beneficiary of an income benefit or family support benefit or of the deceased breadwinner in respect of whom the claim was submitted and with any additional information requested, if such information is necessary for a determination of a claim or the review of a benefit;
- (f) the South African Social Security Agency established by the South African Social Security Agency Act, 2004 (Act No. 9 of 2004), must furnish, at the request of the Administrator, the Administrator with all relevant records in its possession relating to a claimant for or a beneficiary of an income benefit or family support benefit and with any additional information requested, if such information is necessary for the determination of a claim or the review of a benefit;
- (g) the Director-General of the Department of Labour and the Unemployment Insurance Commissioner, designated as such in terms of the Unemployment Insurance Act, 2001 (Act No. 63 of 2001), must furnish, at

- the request of the Administrator, the Administrator with all relevant records in their possession relating to claimant for or a beneficiary of an income benefit and with any additional information requested, if such information is necessary for the determination of a claim or the review of a benefit;
- (h) the Director-General of the Department of Labour and the Compensation Commissioner, appointed in terms of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993), must furnish, at the request of the Administrator, the Administrator with all relevant records in their possession relating to a claimant or beneficiary of an income benefit and with any additional information requested, if such information is necessary for the determination of a claim or the review of a benefit; and
- (j) the Department of Home Affairs must furnish, at the request of the Administrator, the Administrator with all relevant records in its possession or under its control relating to a claimant or a beneficiary, including death and birth certificates, identity documentation, marriage of residence status and with any additional information requested, if such information is necessary for the determination of a claim or the review of a benefit.

Powers of Administrator to investigate

46. (1) The Administrator may, in the performance of its functions, inquire into any matter concerning claims or the provision of benefits in terms of this Act, and may for such purpose—
- (a) through its employees who are commissioners of oaths under the

Justice of Peace and Commissioners of Oaths Act, 1963 (Act No. 16 of 1963) administer an oath to any person or cause that person to make an affirmation, if such a person wishes to provide evidence to the Administrator regarding any claim or benefit;

(b) conduct an investigation and for that purpose—

- (i) subpoena any person who can furnish information of material importance concerning the matter under investigation, or who is reasonably assumed to have under his or her control a book, document or thing that may have a bearing on the investigation, to appear within a reasonable period before its employees or representatives and to furnish such information or to produce such book, document or thing, as the case may be;
- (ii) through its employees who are commissioners of oaths under the Justice of Peace and Commissioners of Oaths Act administer an oath or affirmation or take a solemn declaration or attested declaration from the subpoenaed person; and
- (iii) through its representative, question the subpoenaed person.

- (2) A subpoena to appear before the Administrator must be in the prescribed form and served by the sheriff in the prescribed manner.
- (3) The rules with regard to privilege, which are applicable in the case of a person who has been subpoenaed to give evidence or to produce a book,

document or thing before a court of law, apply in respect of the examination of a person and the production of a book, document or thing contemplated in subsection (1)(b).

- (4) A person who is questioned in terms of subsection 1(b)(iii) is entitled to be assisted by a legal representative at his or her own expense.

Claims lapse in certain circumstances

47. (1) Subject to the provisions of subsections (2) and (3), unless a claim is submitted in terms of this Act, any right to claim a benefit shall lapse three years after the claim arose.
- (2) A claim shall be deemed not to arise until the qualifying person has knowledge of the facts from which the claim arose: Provided that a qualifying person shall be deemed to have such knowledge if he or she could have acquired it by exercising reasonable care.
- (3) If the qualifying person—
- (a) is a minor or is insane or is a person under curatorship or is prevented by superior force including any law or any order of court from submitting a claim; or
- (b) is deceased and an executor of the estate in question has not yet been appointed,
- the three year period is deemed not to be completed before one year after the relevant impediment referred to in paragraph (a) or (b) has ceased to exist.

Time periods for determination of claims

48. (1) The Administrator shall accept or reject a claim within 180 days after the submission of the claim, failing which, the claim shall be deemed to be rejected and the claimant may lodge an appeal against the rejection of the claim in terms of section 49.
- (2) A claim shall bear interest at the rate determined in terms of section 80(1)(b) of the Public Finance Management Act, 1999 (Act No. 1 of 1999) from expiry of 180 days after submission of a claim in the manner and in accordance with the procedure provided for in this Act.
- (3) If the Administrator accepts a claim, payment of the benefit must commence within 30 days after the beneficiary is notified, in the manner set out in the rules, that the claim has been accepted, unless an appeal is lodged against the decision of the Administrator.
- (4) If the Administrator rejects a claim, the claimant must be informed in writing of the decision and of the claimant's right to appeal against the decision of the Administrator.

CHAPTER 8

DISPUTE RESOLUTION

Appeals

49. (1) A claimant or beneficiary may within 30 days after being notified of the decision of the Administrator, or after the expiry of the periods specified in section 48, in the manner and in accordance with the procedure set out in the rules, lodge an appeal in writing against the decision.
- (2) The Administrator must establish one or more internal appeal bodies, each comprising of at least three officers employed by the Administrator and authorised by the Chief Executive Officer, to decide any appeals lodged.
- (3) The appeal body may—
- (a) affirm or reverse any decision in respect of a claim or the provision of a benefit and may substitute it with its own decision;
 - (b) refer any issue raised in an appeal to a medical or any other expert for an opinion; and
 - (c) refer any issue raised in an appeal to a medical or any other expert for final determination, in which event, the medical or other expert may affirm or reverse any decision in respect of a claim or the provision of a benefit and may substitute it with his or her own decision.
- (4) The appeal body must determine the appeal within 180 days after the lodgement of the appeal and inform the appellant of the outcome in

writing, provided that appeals against claims which were deemed to be rejected in terms of section 48(1), must be determined within 30 days of the lodgement of the appeal.

- (5) Subject to this Act and the review jurisdiction of the courts conferred by the Promotion of Administrative Justice Act, 2000 (Act No. 3 of 2000), the decision of the appeal body regarding the liability of the Administrator is final.

CHAPTER 9

GENERAL PROVISIONS

Accident report by drivers and owners

50. The driver of a vehicle involved in a road accident and, if the driver is not the owner of the vehicle, the owner of the vehicle also, must provide the Administrator with the details of the road accident within 30 days from the date of the road accident, alternatively within 30 days of being a position to so comply, in the manner set out in the rules.

Professional and other fees

51. Unless otherwise provided in this Act, the Administrator shall not be liable to contribute to the costs of an injured person, claimant or beneficiary, including his

or her medical and legal costs, to prepare and submit a claim or an appeal or to meet any requirement in this Act.

Limitation of certain liability

52. The Administrator or any official employed by the Administrator shall not be liable in respect of anything done or omitted to be done in good faith in the exercise of any power or performance of any duty conferred or imposed by or under this Act, unless intentional wrongdoing is proved.

Restriction on transfer of rights to benefits

53. A benefit may not be transferred, ceded, pledged or any other way encumbered or disposed of unless the Minister consents thereto in writing on good grounds shown.

Service of process commencing litigation

54. A notice or other process commencing litigation against the Administrator in any court must be served in the prescribed manner on the Administrator.

Regulations and certain notices by Minister

55. (1) The Minister must prescribe—

- (a) the tariffs for the liability of the Administrator for the provision of health care services, medical reports and vocation ability assessments;
 - (b) the form of the subpoena to be used to summons a person to appear before the Administrator and the manner in which the subpoena is to be served by the sheriff; and
 - (c) the manner on which a notice or other process commencing litigation against the Administrator in any court must be served on the Administrator.
- (2) The Minister may prescribe any ancillary or incidental matter that it is necessary to prescribe for the proper implementation or administration of this Act, including –
 - (a) the adjustment of temporary and long-term income benefits, family support benefits and funeral benefits, to take account the effects of inflation; and
 - (b) setting limits on the provision of vocational training to beneficiaries including a cap on the amount which the Administrator may spend per beneficiary.
- (3) The Minister must publish regulations concerning the matters in subsections (1) and (2) in draft form for public comment and allow 30 days for the submission of such comments.
- (4) The Minister, in consultation with the Minister of Finance, must by notice in the *Gazette* determine the average annual national income and may thereafter in like manner adjust the amount as circumstances may require.

- (5) The Minister must by notice in the *Gazette* determine the pre-accident annual income cap and may thereafter in like manner adjust the amount to take into account the effects of inflation.
- (6) The Minister is not required to publish notices concerning the matters in subsections (4), (5) and (6) in draft form for public comment or to consult with any person regarding the contents of these notices, save for the consultation with the Minister of Finance, provided for in subsection (4).

Rules by Board

56. (1) The Board must by notice in the *Gazette* make rules relating to—
- (a) the forms and procedures for the submission of claims;
 - (b) deductions from benefits any payments made in terms of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993) and the Defence Act, 2002 (Act No. 42 of 2002);
 - (c) pre-authorisation in respect of non-emergency health care services;
 - (d) providing proof of an inability to earn income by a claimant for an income support benefit;
 - (e) providing proof that a claimant is a dependant of a deceased breadwinner in respect of a family support benefit;
 - (f) the accident report to be submitted by the driver and owner of a vehicle involved in a road accident;
 - (g) any medical report to be submitted; and

- (a) the submission of appeals.
- (2) The Board may by notice in the Gazette make rules relating to—
 - (a) training programmes for vocational assessors; and
 - (b) accreditation criteria for ability assessors
- (3) The Board must publish notices containing draft rules for public comment and allow 30 days for the submission of such comments, unless it is impractical to do so.

Offences

57. (1) A driver or owner of a motor vehicle involved in a motor accident who fails to comply with section 50 within 30 days from the date of the road accident, alternatively, within 30 days of being in a position to so comply, is guilty of an offence and liable on conviction to a fine not exceeding R50 000,00 or to imprisonment not exceeding three months.
- (2) A person who fails to comply with a subpoena issued terms of section 46, or who refuses to take the oath or affirmation contemplated in that section, is guilty of an offence and liable on conviction to a fine not exceeding R50 000,00 or to imprisonment not exceeding three months.
- (3) Any person who provides to the Administrator false or misleading information knowing it to be false or misleading, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.
- (4) (a) No person—

- (i) other than the Administrator may conduct affairs or business or an occupation or trade under the name of the Administrator or a translation of its name in any language;
 - (ii) other than the Administrator may be registered or licensed in terms of any legislation under the name of the Administrator or a translation of its name in any language; or
 - (iii) may falsely claim to be acting on behalf of the Administrator.
 - (b) Any person who contravenes paragraph (a)(i), (ii) or (iii) is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.
- (5) (a) No employee of the Administrator may disclose any information regarding a claimant or beneficiary acquired in the course of the application of this Act, except—
- (i) in so far as it is necessary for the purposes of giving effect to this Act;
 - (ii) when required in the course of legal proceedings under this Act;
 - (iii) when required in terms of any other law; or
 - (iv) when a court so orders.
- (b) Any person who contravenes paragraph (a) is guilty of an offence and on conviction liable to a fine not exceeding R50 000.00 or to imprisonment not exceeding three months or to both a fine and such imprisonment.

Transitional provisions and savings

58. (1) In this section, unless the context indicates otherwise—

“former Board” means the Board of the Road Accident Fund established by section 10 of the Road Accident Fund Act, 1996;

“Road Accident Fund Act, 1996” means the Road Accident Fund Act, 1996 (Act No. 56 of 1996).

(2) As from the date of commencement of this Act—

(a) the Road Accident Fund Act, 1996, continues to apply to all claims where the cause of action arose prior to the commencement of this Act;

(b) the Road Accident Fund ceases to exist and all its assets, liabilities, rights and obligations, existing as well as accruing, devolve upon the Administrator, including but not limited to all contractual rights, obligations and liabilities;

(c) all powers and duties of the former Board vest in the Administrator;

(d) anything done or any decision or step taken by the former Board must be deemed to have been done or taken by the Administrator;

(e) any agent appointed under section 8 of the Road Accident Fund Act, 1996, must be deemed to have been appointed by the Administrator, subject to the same terms and conditions as those which applied immediately before the commencement of this Act;

(f) the members of the former Board shall be deemed to have been appointed as members of the Board of the Administrator in terms of

- this Act for the unexpired term of their appointment, provided that the further members of the Board envisaged by section 7(1) may be appointed or shall assume office as contemplated in that section;
- (g) the Chief Executive Officer and any person who was a member of staff of the Road Accident Fund must be deemed to have been appointed by the Administrator, subject to the same terms and conditions as those which applied immediately prior to the commencement of this Act; and
- (h) unless clearly inappropriate, any reference in any law or document to the Road Accident Fund must be construed as a reference to the Administrator.
- (3) The Administrator must ring-fence the administration of the system of compensation provided for in the Road Accident Fund Act, 1996, to—
- (a) create a separate functional unit and separate sources of income and expenditure by creating a trading account for the income and expenditure relating to past or future claims arising under the Road Accident Fund Act, 1996; and
- (b) enable separate reporting on financial results for the distinct systems provided for in this Act and in the Road Accident Fund Act, 1996.
- (4) Section 55 applies retrospectively to validate any steps taken by the Minister to consult with the public regarding proposed regulations before this Act comes into operation provided that such steps materially comply with this Act.

- (5) Section 56 applies retrospectively to validate any steps taken by the Board, or, if the Board is not yet brought into existence, the former Board, to consult with the public regarding proposed rules before this Act comes into operation.

Insertion of section 1A in Act 56 of 1996

59. The following section is hereby inserted in the Road Accident Fund Act, 1996 (Act No. 56 of 1996), after section 1:

“Application of Act

1A. Subject to the Road Accident Benefit Scheme Act, 2014, the liability to compensate any person for any loss or damage as a result of any bodily injury to himself or herself or the death of or any bodily injury to any other person caused by or arising from the driving of a motor vehicle, as contemplated in this Act, shall continue to apply to all claims where the cause of action arose prior to the commencement of the Road Accident Benefit Scheme Act, 2014.”

Substitution of section 5 of Act 56 of 1996, as amended by section 74 of Act 19 of 2001 and section 126 of Act 31 of 2005

60. The following section is hereby substituted for section 5 of the Road Accident Fund Act, 1996 (Act No. 56 of 1996):

“Financing of Fund

The Administrator established by the Road Accident Benefit Scheme Act, 2014, shall procure the funds it requires to perform its functions from moneys appropriated by Parliament as contemplated in section 27(2)(b) of that Act.”.

Short title and commencement

61. (1) This Act is called the Road Accident Benefit Scheme Act, 2014.
- (2) This Act or any part or section thereof comes into operation on the date fixed by the President by proclamation in the *Gazette*.

Schedule 1**1. Temporary Income Support Benefit formula**

$$((X/365)*Y)*75\%$$

where

X = the amount determined in accordance with section 36(2)(a) or (b) of the Act; and

Y = the period of entitlement expressed in number of days, which must be calendar days inclusive of weekends and public holidays

2. Long-term Income Support Benefit formula

$$(X*75\%) \text{ minus } Z$$

where

X = the amount determined in accordance with section 36(2)(a) or (b), as the case may be; and

Z = the amount determined by the Administrator in terms of section 37(5) to be the injured person's annual post-accident earning capacity

3. Family Support Benefit formula

(a) If the dependant is the sole surviving spouse and there are no other dependants:

$$(A*(2/4)) - (C*(2/4))$$

where

A = the amount determined in accordance with section 39(3) to be the deceased breadwinner's pre-accident income; and

C = the amount determined in accordance with section 39(5) to be the surviving spouse's pre-accident income, if any;

- (b) if the dependant is the sole surviving spouse and there are other dependants:

$$(A*(2/(4 + B))) - (C*(2/(4 + B)))$$

where

A = the amount determined in accordance with section 39(3) to be the deceased breadwinner's pre-accident income;

B = the number of children and other dependants, excluding the surviving spouse; and

C = the amount determined in accordance with section 39(5) to be the surviving spouse's pre-accident income, if any;

- (c) if the dependant is a child or any other dependant and there is also a sole surviving spouse:

$$(A*(1/(4 + B)))$$

where

A = the amount determined in accordance with section 39(3) to be the deceased breadwinner's pre-accident income; and

B = the number of children and other dependants, excluding the surviving spouse;

- (d) if the dependant is a child or any other dependant and there is no surviving spouse:

$$(A*(1/(2 + B)))$$

where

A = the amount determined in accordance with section 39(3) to be the deceased breadwinner's pre-accident income;

B = the number of children and other dependants;

- (e) if the dependant is a spouse, child or any other dependant and the deceased breadwinner is survived by more than one spouse:

$$(A \cdot (1/(2 + B)))$$

where

A = the amount determined in accordance with section 39(3) to be the deceased breadwinner's pre-accident income;

B = the number of spouses, children and other dependants:

Provided that, in the case of a surviving spouse who earns an income, the following formula shall apply to that spouse's benefit only

$$(A \cdot (1/(2 + B))) - (C \cdot (1/(2 + B)))$$

where

C = the amount determined in accordance with section 39(5) to be the earning surviving spouse's pre-accident income, if any;

- (f) a dependant who is a surviving spouse is entitled to a family support benefit for a period of 15 years calculated from the date of death of the breadwinner or until he or she reaches the age of 60, whichever period is the shortest;
- (g) a dependant who is a child is entitled to a family support benefit until he or she reaches the age of 18;
- (h) a dependant who is not a spouse or a child is entitled to a family support benefit for as long as he or she would have been legally entitled to support and would have received such support had the

breadwinner not died, or until he or she reaches the age of 60, whichever period is the shortest; and

- (i) subject to section 39(10), the Administrator must pay the family support benefit by way of monthly instalments.

NOTICE 338 OF 2014**DEPARTMENT OF TRANSPORT****PUBLICATION FOR COMMENTS: DRAFT ROAD ACCIDENT BENEFIT SCHEME
REGULATIONS**

The Minister of Transport, Ms Dipuo Peters, MP, hereby in terms of section 55 of the draft Road Accident Benefit Scheme Bill, 2014, publishes for public comment, the draft Road Accident Benefit Scheme Regulations, 2014 in the Schedules.

Any interested persons are requested to submit written comments in connection with the draft Road Accident Benefit Scheme Regulations within 60 days from the date of publication of this notice in the Government Gazette.

All comments should be posted to the Director-General Department of Transport for the attention of Ms Kgothatso Kgantsi at:

Department of Transport
Private Bag X193
PRETORIA
0001

E-mail: KgantsiK@dot.gov.za

Tel: 012 309 3917 or 012 309 3476

Fax: 012 309 3502

By hand delivery to: RABS Bill, Ground Floor, Forum Building, 159 Struben Street, Pretoria, 0002, or comments can be e-mailed to: rabsbill@dot.gov.za

Comments received after the closing date may not be considered.

ROAD ACCIDENT BENEFIT SCHEME ACT, 2014

ROAD ACCIDENT BENEFIT SCHEME REGULATIONS, 2014

The Minister of Transport has, under section 55 of the Road Accident Benefit Scheme Act, 2014, made the Regulations in the Schedules hereto.

SCHEDULE A

1. Definitions

In these Regulations, unless the context clearly indicates otherwise, an expression or word to which a meaning has been assigned in the Road Accident Benefit Scheme Bill, 2014, bears the same meaning.

2. Service of process commencing litigation

A notice or other process commencing litigation against the Administrator in any court may be served on the Administrator in any manner provided for in the Uniform Rules of Court, provided that service on the Administrator shall not be effective unless—

- (a) an electronic copy of the notice or other process is sent to the email address indicated on the Administrator's website;
- (b) the notice or process is faxed to the facsimile number indicated on the Administrator's website; or
- (c) a hard copy of the notice or process is delivered to the physical address of the head office of the Administrator indicated on its website.

3. Subpoena to appear before the Administrator

- (1) A subpoena to appear before the Administrator must be in a form substantially similar to Form 1 attached hereto.
- (2) A subpoena to appear before the Administrator may be served in any manner provided for in the Uniform Rules of Court.

FORM 1**SUBPOENA TO APPEAR BEFORE ROAD ACCIDENT BENEFIT SCHEME
ADMINISTRATOR**

To the sheriff:

INFORM

- (1) State name
- (2) State gender
- (3) State place of business or residence of person

that he/she is hereby required to appear in person before the Road Accident Benefit Scheme Administrator at on the day of 20..... at (time) and thereafter to remain in attendance until excused by the Administrator, in order to furnish information concerning an investigation into

AND INFORM him or her that he/she is further required to bring with him/her to produce to the Administrator (here describe accurately each document, book or other thing to be produced).

AND INFORM him or her further that he or she should on no account neglect to comply with this subpoena as he or she may thereby commit an offence and render him- or herself liable to a fine not exceeding R50,000.00.

DATED at this day of 20.....

.....
Name of Authorised Official of Road
Accident Benefit Scheme Administrator

SCHEDULE B

1. Average Annual National Income

The Minister of Transport hereby, in accordance with section 55(4) of the Road Accident Benefit Scheme Bill, 2014 determine the average annual national income to be R43, 965.00 (Forty Three Thousand Nine Hundred and Sixty Five Rands).

2. Pre-accident income cap

The Minister of Transport hereby, in accordance with section 55(5) of the Road Accident Benefit Scheme Bill, 2014 determine the pre-accident income cap to be R 219 820.00. (Two Hundred and Nineteen Thousand Eight Hundred and Twenty Rands).

BOARD NOTICE

NOTICE 50 OF 2014

ROAD ACCIDENT FUND

ROAD ACCIDENT BENEFIT SCHEME BILL [2014]

RULES

The Board of the Road Accident Fund intends, under section 56 of the Road Accident Benefit Scheme Bill[B 2014] published simultaneously herewith, to make the rules and determine the forms in the schedule.

Signed on 30 April 2014.



Dr N Bhengu

Chairperson: Road Accident Fund Board

Interested persons are invited to submit comments on the proposed rules and forms, in writing, within 60 days from date of publication of this notice for attention to:

Mr Chris Willemse
Senior Manager: Regulation
Tel: 012 6211833
Fax: 012 621 1640
Road Accident Fund
Private Bag X178
Centurion
0046

or

E-mail: RABS-Rules@raf.co.za

SCHEDULE

CHAPTER 1

DEFINITIONS

In these rules, unless the context clearly otherwise indicates, an expression or word to which a meaning has been assigned in the Road Accident Benefit Scheme Bill [2014], bears the same meaning, and -

“accident report” means the report, contemplated in section 50 of the Act, in the form of the RABS 1 form, attached hereto as Annexure A;

“assessor” means an occupational therapist or other suitable expert, contemplated in subsection 37(1)(d) of the Act;

“bank indemnity form” means a form, substantially similar to the **RABS 10** form, attached hereto as Annexure J;

“CCSA” means the *Complete CPT® for South Africa* and consists of the American Medical Association’s *Physicians’ Current Procedural Terminology*, which is a systematic listing and coding of procedures and services performed by medical practitioners;

“claim form” means a form substantially similar to a **RABS 2**, **RABS 3**, **RABS 4**, **RABS 5** or **RABS 6** forms, respectively attached hereto as Annexure B, C, D, E and F;

“Council of Medical Schemes” means the council established by the Medical Schemes Act, 1998;

“CPT” means Current Procedural Terminology, a set of codes assigned to medical, surgical, and diagnostic services;

“e-claim form” means an electronic form, substantially similar to a claim form, which may be published by the administrator on its website or through other electronic means;

“e-incapacity certificate” means an electronic form, substantially similar to an incapacity certificate, which may be published by the administrator on its website or through other electronic means;

“e-notice of appeal form” means an electronic form, substantially similar to a notice of appeal form, which may be published by the Administrator on its website or through other electronic means;

"e-vocational ability assessment" means an electronic form, substantially similar to a vocational ability assessment, which may be published by the administrator on its website or through other electronic means;

"ICD 10" means the International Statistical Classification of Diseases and Health Related Problems, 10th revision, a medical classification list for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases;

"incapacity certificate" means a form, substantially similar to the **RABS 7** form, attached hereto as Annexure G;

"NAPPI" means the National Pharmaceutical Product Index coding system for pharmaceutical, surgical and healthcare consumable products;

"notice of appeal form" means a form, substantially similar to the **RABS 8** form, attached hereto as Annexure H;

"pre-authorisation" means prior authorization from the administrator before a health care service is provided to an injured person, obtained in accordance with Chapter 3;

"pre-authorisation request" means a form, substantially similar to the **RABS 9** form, attached hereto as Annexure I;

"SAOPA" means the tariff code as determined and published by the South African Orthotics and Prosthetics Association;

"road accident report" means the part of a claim form titled "ROAD ACCIDENT REPORT";

"the Act" means the Road Accident Benefit Scheme Bill [2014]; and

"vocational ability assessment" means a form, substantially similar to the **RABS 11** form, attached hereto as Annexure K.

CHAPTER 2

CLAIMS FOR BENEFITS

1. Any reference made in these rules to a claim form shall include an e-claim form.

2. A qualifying person wishing to claim a benefit must submit the applicable, correctly completed, claim form, at any of the administrator's offices by hand, by registered mail or electronically, provided that a contracted health care service provider must submit a claim in accordance with the terms of the agreement concluded with the administrator.
3. A claim shall not be accepted by the administrator as a valid claim unless the -
 - 3.1. identities of the claimant, injured person, dependent and deceased breadwinner (as the case may be), are proven in the manner specified in Chapter 5;
 - 3.2. road accident report is completed;
 - 3.3. declarations on the claim form, and any other form required to be submitted with the claim, are completed;
 - 3.4. statutory affidavit is completed and commissioned;
 - 3.5. claim form, and any other form required to be submitted with the claim, are signed; and
 - 3.6. documentation required by rule 6 is attached to the claim form.
4. If a beneficiary has at the time when the benefit is to be paid already received payment of damages or compensation (the principal sum) in terms of the Compensation for Occupational Injuries and Diseases Act, 1993 or the Defence Act, 2002 the administrator must:
 - 4.1. in respect of a health care service benefit, first set off against the principal sum received in respect of medical and related services, as the case may be, the amount of the health care service benefit claimed and determined by the administrator to be due to beneficiary;
 - 4.2. in respect of a temporary or long-term income support benefit, first set off (on a monthly basis) against the principal sum received in respect of loss of income or loss of earning capacity, as the case may be, the monthly installment in respect of the temporary or long-term income support benefit determined by the administrator to be due to the beneficiary;
 - 4.3. in respect of a family support benefit, first set off (on a monthly basis) against the principal sum received in respect of loss of support, the monthly installment in respect of the family support benefit claimed and determined by the administrator to be due to the beneficiary;

- 4.4. in respect of a funeral benefit, first set off against the principal sum received in respect of funeral and related expenses, as the case may be, the amount of the funeral benefit claimed and determined by the administrator to be due to the beneficiary; and
- 4.5. if a benefit contemplated in sub-rules 4.1, 4.2, 4.3 or 4.4 is due, no part of the benefit shall be paid until the principal sum has been extinguished through set off.
5. A benefit claimed and determined by the administrator to be due to the beneficiary shall be paid into the bank account designated on the bank indemnity form submitted with the claim, provided that if further bank indemnity forms are received by the administrator payment shall be made into the bank account designated on the last bank indemnity form received, providing that any later bank indemnity forms received shall be deemed received by the administrator only 14 days after lodgment with the administrator.
6. The following documentation must be provided in respect of the benefits claimed:

HEALTH CARE SERVICES

- 6.1. A claim for a health care service benefit must be submitted on a completed claim form (RABS 2 form).
- 6.2. The claimant, if the claimant is a **medical scheme**, must submit the following documents with the completed RABS 2 form:
- 6.2.1. if the claimant has not previously in the calendar year submitted documentary proof of its registration with the Council of Medical Schemes, a certified copy of the claimant's valid certificate of registration issued by the Registrar;
- 6.2.2. the original or certified copy of the invoice of the health care service provider to the medical scheme in respect of the health care service provided to the injured person, reflecting the following minimum information:
- 6.2.2.1. the name and address of the claimant;
- 6.2.2.2. the name and address of the health care service provider;
- 6.2.2.3. the practice number of the health care service provider (if registration of the health care service provider is required with a professional body);

- 6.2.2.4. the RABS claim number (if available);
 - 6.2.2.5. the RABS pre-authorisation number (if pre-authorisation is required in terms of Chapter 3);
 - 6.2.2.6. the name and surname of the injured person;
 - 6.2.2.7. the identity number, passport number, date of birth, or other official identifying number, in respect of the injured person (if available);
 - 6.2.2.8. the date on which the health care service was provided to the injured person;
 - 6.2.2.9. ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
 - 6.2.2.10. the amounts claimed per item.
- 6.2.3. proof of payment by the claimant of the invoice contemplated in sub-rule 6.2.2; and
- 6.2.4. if the claimant has not previously submitted a bank indemnity form to the administrator, a completed bank indemnity form (RABS 10 form).
- 6.3. The claimant, if the claimant is a **health care service provider**, must submit the following documents with the completed RABS 2 form:
- 6.3.1. if the claimant has not previously in the calendar year submitted documentary proof of its registration with the Health Professional Counsel, Allied Health Professions Council of South Africa, or other professional body, if registration with such a professional body is required by law, a certified copy of the claimant's valid registration;
 - 6.3.2. the original or certified copy of the invoice in respect of the health care service provided to the injured person by the claimant, reflecting the following minimum information:
 - 6.3.2.1. the name and address of the claimant;
 - 6.3.2.2. the practice number of the claimant (if registration of the claimant is required with a professional body);

- 6.3.2.3. the RABS claim number (if available);
- 6.3.2.4. the RABS pre-authorisation number (if pre-authorisation is required in terms of the rules set out in Chapter 3);
- 6.3.2.5. the name and surname of the injured person;
- 6.3.2.6. the identity number, passport number, date of birth, or other official identifying number, in respect of the injured person (if available);
- 6.3.2.7. the date on which the health care service was provided to the injured person;
- 6.3.2.8. ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
- 6.3.2.9. the amounts claimed per item.

6.3.3. if the claimant has not previously submitted a bank indemnity form to the administrator, a completed bank indemnity form (RABS 10 form).

6.4. The claimant, **if the claimant is not the injured person but a person who paid for a health care service provided to the injured person**, shall submit the following documents with the completed RABS 2 form:

- 6.4.1. the original or certified copy of the invoice in respect of the health care service provided to the injured person by the health care service provider, reflecting the following minimum information:
 - 6.4.1.1. the name of the claimant;
 - 6.4.1.2. the name and address of the health care service provider;
 - 6.4.1.3. the practice number of the health care service provider (if registration of the health care service provider is required with a professional body);
 - 6.4.1.4. the RABS claim number (if available);
 - 6.4.1.5. the RABS pre-authorisation number (if pre-authorisation is required in terms of the rules set out in Chapter 3);

- 6.4.1.6. the name and surname of the injured person;
 - 6.4.1.7. the identity number, passport number, date of birth, or other official identifying number, in respect of the injured person (if available);
 - 6.4.1.8. the date on which the health care service was provided to the injured person;
 - 6.4.1.9. ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
 - 6.4.1.10. the amounts claimed per item.
 - 6.4.2. proof of payment by the claimant of the invoice contemplated in sub-rule 6.4.1; and
 - 6.4.3. if the claimant has not previously submitted a bank indemnity form to the administrator, a completed bank indemnity form (RABS 10 form).
- 6.5. The claimant, **if the claimant is the injured person**, shall submit the following documents with the completed RABS 2 form:
- 6.5.1. the original or certified copy of the invoice in respect of the health care service provided to the claimant by the health care service provider, reflecting the following minimum information:
 - 6.5.1.1. the name of the claimant;
 - 6.5.1.2. the name and address of the health care service provider;
 - 6.5.1.3. the practice number of the health care service provider (if registration of the health care service provider is required with a professional body);
 - 6.5.1.4. the RABS claim number (if available);
 - 6.5.1.5. the RABS pre-authorisation number (if pre-authorisation is required in terms of the rules set out in Chapter 3);
 - 6.5.1.6. the name and surname of the injured person (claimant);
 - 6.5.1.7. the identity number, passport number, date of birth, or other official identifying number, in respect of the injured person (claimant);

- 6.5.1.8. the date on which the health care service was provided to the injured person (claimant);
- 6.5.1.9. ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
- 6.5.1.10. the amounts claimed per item.
- 6.5.2. proof of payment by the claimant of the invoice contemplated in sub-rule 6.5.1; and
- 6.5.3. if the claimant has not previously submitted a bank indemnity form to the administrator, a completed bank indemnity form (RABS 10 form).
- 6.6. The claimant, **if the claimant is a natural or legal person acting in a representative capacity on behalf of a claimant contemplated in sub-rules 6.2, 6.3, 6.4 or 6.5** shall submit the following documents with the RABS 2 form:
 - 6.6.1. documentary proof of the claimant's authority to act for the person contemplated in sub-rules 6.2, 6.3, 6.4 or 6.5, as the case may be (the represented);
 - 6.6.2. if the represented is a medical scheme, proof (certified copy) of registration contemplated in sub-rule 6.2.1, if such documentary proof has not already been provided to the administrator in the calendar year;
 - 6.6.3. if the represented is a health care service provider, proof (certified copy) of registration contemplated in sub-rule 6.3.1, if such documentary proof has not already been provided to the administrator in the calendar year;
 - 6.6.4. the original or certified copy of the invoice in respect of the health care service provided to the injured person by the health care service provider, reflecting the following minimum information:
 - 6.6.4.1. the name of the represented or injured person, as the case may be;
 - 6.6.4.2. the name and address of the health care service provider;
 - 6.6.4.3. the practice number of the health care service provider (if registration of the health care service provider is required with a professional body);
 - 6.6.4.4. the RABS claim number (if available);

- 6.6.4.5. the RABS pre-authorisation number (if pre-authorisation is required in terms of the rules set out in Chapter 3);
 - 6.6.4.6. the name and surname of the injured person;
 - 6.6.4.7. the identity number, passport number, date of birth, or other official identifying number, in respect of the injured person (if available);
 - 6.6.4.8. the date on which the health care service was provided to the injured person;
 - 6.6.4.9. ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
 - 6.6.4.10. the amounts claimed per item.
- 6.6.5. except for a claimant contemplated in sub-rule 6.3, proof of payment by the represented of the invoice contemplated in sub-rule 6.6.4; and
- 6.6.6. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator: provided that the RABS 10 form will not be required if payment of the benefit will be made to the represented who has already furnished the Administrator with the RABS 10 form.

TEMPORARY INCOMESUPPORT BENEFIT

- 6.7. A claim for a temporary income support benefit must be submitted on a completed claim form (RABS 3 form).
- 6.8. The claimant, **if the claimant is the injured person**, must submit the following documents with the completed RABS 3 form:
- 6.8.1. an incapacity certificate (RABS 7 form), provided that this will not be required where the medical practitioner has already completed and submitted an e-incapacity certificate;
 - 6.8.2. in the event that the claimant was employed or otherwise earning an income at the time of the road accident, documentary proof must be furnished of the claimant's pre-accident income, as follows:

- 6.8.2.1. in the event that the claimant was required to submit income tax returns in any of the three tax years immediately preceding the date of the road accident, certified copies of such income tax assessments for each of the years for which an income tax return was submitted;
 - 6.8.2.2. in the event that the claimant earned more than the average national income, but was not required to submit an income tax return in any of the three tax years preceding the date of the road accident, any one or more of the following documents must be supplied:
 - 6.8.2.2.1. certified copies of pay slips issued by the claimant's employer;
 - 6.8.2.2.2. if certified copies of pay slips are not available, the claimant's original contract of employment or letter of appointment confirming the salary earned;
 - 6.8.2.2.3. if neither the pay slips nor the claimant's original contract of employment or letter of appointment are available, an original IRP5 certificate or any other original, verifiable documentation confirming the claimant's income earned, including but not limited to, order books and bank account statements;
 - 6.8.2.2.4. if the documentation contemplated in sub-rule 6.8.2.2.3 is not available, an affidavit by the person or persons who paid the income, setting out the details of the claimant's pre-accident income earned.
 - 6.8.3. an affidavit by the claimant confirming that the inability to perform his or her pre-accident occupation or work or earn an income is due to the injuries sustained by the claimant in the road accident; and
 - 6.8.4. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.
- 6.9. The claimant, **if the claimant is a person acting in a representative capacity on behalf of the claimant contemplated in sub-rule 6.8**, must submit the following documents with the RABS 3 form:

- 6.9.1. documentary proof of the claimant's authority to act for the injured person;
- 6.9.2. an incapacity certificate (RABS 7 form), provided that this will not be required where the medical practitioner has already completed and submitted an e-incapacity certificate;
- 6.9.3. in the event that the injured person was employed or otherwise earning an income at the time of the road accident, documentary proof must be furnished of the injured person's income in the manner set out in sub-rule 6.8.2 above; and
- 6.9.4. an affidavit by the claimant confirming that the injured person's inability to perform his or her pre-accident occupation or work or earn an income is due to the injuries sustained in the road accident; and
- 6.9.5. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.

LONG-TERM INCOME SUPPORT BENEFIT

- 6.10. A claim for a long-term income support benefit must be submitted on a completed claim form (RABS 4 form).
- 6.11. The claimant, **if the claimant is the injured person**, must submit the following documents with the completed RABS 4 form:
 - 6.11.1. a completed vocational ability assessment (RABS 11 form), provided that this will not be required where the assessor has already completed and submitted an e-vocational ability assessment;
 - 6.11.2. if the claimant so elects, further written representations in respect of the claimant's vocational ability;
 - 6.11.3. if the claimant has not already claimed a temporary income support benefit, and in the event that the claimant was employed or otherwise earning an income at the time of the road accident, documentary proof must be furnished of the claimant's pre-accident income in the manner set out in sub-rule 6.8.2;

- 6.11.4. an affidavit by the claimant confirming that the injured person's inability to perform his or her pre-accident occupation or work or earn an income is due to the injuries sustained by the claimant in the road accident; and
 - 6.11.5. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.
- 6.12. The claimant, **if the claimant is a person acting in a representative capacity on behalf of the claimant contemplated in sub-rule 6.11**, must submit the following documents with the RABS 4 form:
- 6.12.1. documentary proof of the claimant's authority to act for the injured person;
 - 6.12.2. a completed vocational ability assessment (RABS 11 form), provided that this will not be required where the assessor has already completed and submitted an e-vocational ability assessment;
 - 6.12.3. if the claimant so elects, further written representations in respect of the injured person's vocational ability;
 - 6.12.4. if the injured person has not already claimed a temporary income support benefit, and in the event that the injured person was employed or otherwise earning an income at the time of the road accident, documentary proof must be furnished of the injured person's pre-accident income in the manner set out in sub-rule 6.8.2;
 - 6.12.5. an affidavit by the claimant confirming that the injured person's inability to perform his or her pre-accident occupation or work or earn an income is due to the injuries sustained by the injured person in the road accident; and
 - 6.12.6. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.

FAMILY SUPPORT BENEFIT

- 6.13. A claim for a family support benefit must be submitted on a completed claim form (RABS 5 form).

- 6.14. A separate RABS 5 form must be submitted in respect of each individual dependent wishing to submit a claim.
- 6.15. The claimant, **if the claimant is a spouse of the deceased breadwinner**, must submit the following documents with the completed RABS 5 form:
- 6.15.1. if the claimant was a spouse or civil union partner married to the deceased breadwinner –
- 6.15.1.1. in accordance with the Marriage Act, 1961, the claimant must prove the existence of the marriage by attaching one of the documents specified in rule 25;
- 6.15.1.2. in accordance the Recognition of Customary Marriages Act, 1998, the claimant must prove the existence of the marriage by attaching one of the documents specified in rule 26;
- 6.15.1.3. in accordance with the Civil Union Act, 2006, the claimant must prove the existence of the civil union by attaching one of the documents specified in rule 27;
- 6.15.1.4. in accordance with foreign law, the claimant must prove the existence of the marriage by attaching the documents specified in rule 28; or
- 6.15.1.5. if the claimant is unable to comply with the requirements under sub-rules 6.15.1.1, 6.15.1.2, 6.15.1.3 or 6.15.1.4, and was married to the deceased breadwinner in accordance with the tenets of any religion, the claimant must prove the existence of the marriage by attaching the documents specified in rule 29.
- 6.15.2. if the claimant was a partner of the deceased breadwinner in a permanent domestic life-partnership, in terms of which the claimant and the deceased breadwinner had established a contractual reciprocal duty of support, the claimant must prove the existence of the permanent domestic life-partnership by attaching the documents specified in rule 30.
- 6.15.3. the statutory affidavit specified in rule 31 by the claimant confirming -

- 6.15.3.1. that the marriage or permanent domestic life-partnership, as the case may be, was still in existence on the date of death of the deceased breadwinner;
 - 6.15.3.2. the pre-accident income of the claimant; and
 - 6.15.3.3. whether the claimant is employed or otherwise earning an income.
 - 6.15.4. documentary proof of the deceased breadwinner's income in the manner set out in sub-rule 6.8.2; and
 - 6.15.5. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.
- 6.16. The claimant, **if the claim is made on behalf of a child of the deceased breadwinner**, must submit the following documents with the completed RABS 5 form:
- 6.16.1. documentary proof of the claimant's authority to act on behalf of the child;
 - 6.16.2. documentary proof of the dependency of the child on the deceased breadwinner, by attaching the documents specified in rule 32;
 - 6.16.3. if no claim has been submitted by a claimant contemplated in sub-rule 6.15, documentary proof must be submitted of the deceased breadwinner's income in the manner set out in sub-rule 6.8.2; and
 - 6.16.4. a completed vendor bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.
- 6.17. The claimant, **if the claimant was dependent on the deceased breadwinner but was not a spouse or child**, must submit the following documents with the completed RABS 5 form:
- 6.17.1. if the claimant was a former spouse of the deceased breadwinner, providing a certified copy of a court order or consent paper (settlement agreement), requiring of the deceased breadwinner to pay support to the claimant;

- 6.17.2. if the claimant is a major descendant of the deceased breadwinner, the claimant must prove the dependency by attaching the documents specified in sub-rule 33.2;
 - 6.17.3. if the claimant is a parent, grandparent, grandchild or sibling of the deceased breadwinner, as the case may be, the claimant must prove the dependency by attaching the documents specified in sub-rule 33.4;
 - 6.17.4. if the claimant is any other person, the claimant must prove the dependency by attaching the documents specified in sub-rule 33.5;
 - 6.17.5. if the claimant is a claimant contemplated in sub-rules 6.17.2, 6.17.3 or 6.17.4, the claimant must submit a statutory affidavit by the claimant confirming whether or not the claimant is employed or otherwise earning an income;
 - 6.17.6. if no claim has been submitted by a claimant contemplated in sub-rules 6.15 or 6.16, documentary proof must be submitted of the deceased breadwinner's income in the manner set out in sub-rule 6.8.2; and
 - 6.17.7. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.
- 6.18. The claimant, if **the claimant is acting in a representative capacity on behalf of a dependent (other than a child dependent)**, must submit the following documents with the completed RABS 5 form:
- 6.18.1. documentary proof of the claimant's authority to act for the dependent;
 - 6.18.2. if the claimant is a major descendant of the deceased breadwinner, who is subject to diminished legal capacity, the claimant must prove the dependency by attaching the documents specified in sub-rule 33.3;
 - 6.18.3. the further claim documents specified in sub-rules 6.17.5 and 6.17.6; and
 - 6.18.4. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.

FUNERAL BENEFIT

- 6.19. A claim for a funeral benefit must be submitted on a completed claim form (RABS 6 form).
- 6.20. The claimant, if the claimant is an immediate family member of the deceased, must submit the following documents with the completed RABS 6 form:
- 6.20.1. a statutory affidavit confirming the relationship between the claimant and the deceased to confirm that the claimant is the spouse, grandchild or child above the age of 18, sibling, parent or grandparent of the deceased;
 - 6.20.2. a certified copy of the BI-1663 or DHA-1663 registration of death form; and
 - 6.20.3. if the registration of death form does not confirm the cause of death as being a road accident the claimant must submit verifiable documentary proof, such as a certified copy of the Officer's Accident Report, post-mortem report, ambulance or hospital records, confirming that the road accident was the cause of death of the deceased; and
 - 6.20.4. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.
- 6.21. The claimant, if the claimant is not an immediate family member of the deceased, must submit the following documents with the completed RABS 6 form:
- 6.21.1. an original, detailed invoice, reflecting the following minimum information:
 - 6.21.1.1 the name of the claimant (if the funeral parlour is not the claimant);
 - 6.21.1.2 the name of the funeral parlour;
 - 6.21.1.3 the physical address of the funeral parlour;
 - 6.21.1.4 the contact details of the funeral parlour;
 - 6.21.1.5 the name and surname of the deceased;

- 6.21.2. the date of the funeral service; and
- 6.21.3. itemised details of the goods and services invoiced for.
- 6.21.4. a certified copy of the BI-1663 or DHA-1663 registration of death form;
- 6.21.5. if the registration of death form does not confirm the cause of death as being a road accident the claimant must submit verifiable documentary proof, such as a certified copy of the Officer's Accident Report, post-mortem report, ambulance or hospital records, confirming that the road accident was the cause of death of the deceased; and
- 6.21.6. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.

CHAPTER 3

PRE-AUTHORISATION OF HEALTH CARE SERVICES

- 7. A request for pre-authorisation must be made by completing and submitting a pre-authorisation request form (RABS 9 form).
- 8. The administrator may not pay a health care service benefit where pre-authorisation was required but not obtained.
- 9. The RABS 9 form must be accompanied by:
 - 9.1. a written motivation, clinical and other relevant reports;
 - 9.2. a detailed quotation specifying all of the relevant diagnosis (ICD 10) and procedural (CPT / CCSA / NAPPI / SAOPA) codes; and
 - 9.3. a treatment plan.
- 10. The RABS 9 form must be sent to the administrator not less than 72 hours before the health care service is required.
- 11. Subject to rule 12, pre-authorisation is required before receiving any of the following health care services:
 - 11.1. transport required to receive any health care service;
 - 11.2. pre-hospital care and inter-facility transfer;

- 11.3. hospitalisation and outpatient services;
 - 11.4. inter-facility transport and other transport;
 - 11.5. accommodation necessary to receive any health care service;
 - 11.6. rehabilitative care;
 - 11.7. vocational ability assessment and training;
 - 11.8. long-term personal care;
 - 11.9. assistive devices; and
 - 11.10. structural changes to homes, vehicles and the workplace.
12. Pre-authorisation is not required if:
- 12.1. the health care service is urgently required, in an emergency situation, in order to preserve the injured person's life or bodily functions, or where treatment cannot be delayed;
 - 12.2. in the opinion of a medical practitioner, who has personally examined the injured person, the injured person's medical condition, would subject the injured person to severe pain that cannot be adequately managed without immediate medical intervention; or
 - 12.3. the health care service is already authorised in accordance with an individual treatment and rehabilitation plan, or vocational training program.
13. Notwithstanding rule 12, once the injured person is admitted to hospital, pre-authorisation must be obtained within 72 hours of admission, in respect of medical health care services that will be provided after the 72 hour period.
14. The administrator may develop, and revise from time to time, policies setting out rules that provide guidance pertaining to the pre-authorisation of specific health care services.

CHAPTER 4**ASSESSMENT OF CLAIMANT'S INABILITY TO EARN AN INCOME**

15. A claimant wishing to claim a temporary income support benefit or long-term income support benefit must prove the injured person's inability to earn an income in the manner set out in this chapter.
16. Unless inappropriate in the particular context, any reference made in these rules to an incapacity certificate (RABS 7 form) includes an e-incapacity certificate, and unless inappropriate in the particular context any reference made to a vocational ability certificate (RABS 11 form) includes an e-vocational ability certificate.
17. In respect of a claim for a temporary income support benefit –
 - 17.1. the injured person must submit to a physical examination by a medical practitioner;
 - 17.2. subject to sub-rule 6.8.1, the claimant must obtain from the medical practitioner a completed and signed RABS 7 form confirming that, based on the physical examination by the medical practitioner of the injured person; alternatively, based on other acceptable medical evidence reviewed by the medical practitioner, the injured person is unable to earn an income for the duration of the period specified in the RABS 7 form, on account of injury resulting from the road accident.
 - 17.3. For the RABS 7 form to be valid the medical practitioner must indicate the following:
 - 17.3.1. the name of the claimant;
 - 17.3.2. the identifying number of the injured person;
 - 17.3.3. the date of the physical examination or interview in the physical presence of the injured person;
 - 17.3.4. the date of the road accident;
 - 17.3.5. the injury diagnosed;
 - 17.3.6. whether the injury diagnosed results from the road accident;

- 17.3.7. whether the injured person is as a result of the injury considered unfit to perform his or her pre-accident occupation or work, or, if he or she did not have an occupation or work, whether he or she is able to earn an income;
 - 17.3.8. the period for which the injured person is considered to be unfit to perform his or her occupation or work or earn an income;
 - 17.3.9. the name, address, telephone number, and practice number of the medical practitioner issuing the RABS 7 form; and
 - 17.3.10. the medical practitioner must sign the declaration on the RABS 7 form.
18. In respect of a claim for a long-term income support benefit –
- 18.1. The injured person must submit to an assessment by an assessor to determine the injured person's post-accident vocational ability.
 - 18.2. Subject to sub-rule 6.11.1, the claimant must obtain from the assessor a completed and signed vocational ability assessment (RABS 11 form), recording the outcome of the assessment in respect of:
 - 18.2.1. the name of the injured person;
 - 18.2.2. and identifying number of the injured person;
 - 18.2.3. the date of the road accident;
 - 18.2.4. the date of the assessment;
 - 18.2.5. the nature of the injury;
 - 18.2.6. whether the injury results from the road accident;
 - 18.2.7. the treatment history in respect of the injury;
 - 18.2.8. whether the injured person, as a result of the road accident, suffered vocational disability;
 - 18.2.9. the period for which the vocational disability is likely to endure;

- 18.2.10. with reference to the age, qualifications, training, skills and experience of the injured person, the range of occupations or paid work the injured person is still able to perform;
 - 18.2.11. the name, address, telephone number, practice number of the assessor issuing the RABS 11 form; and
 - 18.2.12. the assessor must sign the declaration on the RABS 11 form.
19. Rules regarding training programs for assessors, or accreditation criteria for assessors may be made in future.

CHAPTER 5

PROOF OF IDENTITY

20. The identity of a claimant, injured person or dependent must be proven in the manner set out in this chapter.
21. If the claimant (natural person), injured person or dependent is a South African citizen, a certified copy of any one of the following documents must be submitted with the claim form:
- 21.1. identity document;
 - 21.2. valid passport;
 - 21.3. valid driver's license; or
 - 21.4. birth certificate.
22. If the claimant (natural person), injured person or dependent is not a South African citizen, a certified copy of any one of the following documents must be submitted with the claim form:
- 22.1. foreign passport;
 - 22.2. birth certificate issued by the country of origin;
 - 22.3. valid international driver's license;
 - 22.4. any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or

- 22.5. an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.
23. If the claimant is not a natural person, a certified copy of the applicable document listed below must be submitted with the claim form:
- 23.1. companies must submit a registration certificate;
- 23.2. foreign companies must submit the applicable official document of incorporation;
- 23.3. trusts must submit a trust deed;
- 23.4. close corporations must submit a founding statement;
- 23.5. partnerships must submit a partnership agreement; and
- 23.6. executors of deceased estates must submit a letter of executorship.

CHAPTER 6

PROOF OF DEPENDENCY

24. A claimant, wishing to claim a family support benefit in relation to a deceased breadwinner, must prove dependency in the manner set out in this chapter.
25. A spouse married to the deceased breadwinner in accordance with the Marriage Act, 1961 must prove the existence of the marriage by providing a certified copy of one of the following documents—
- 25.1. the marriage certificate issued by the marriage officer in accordance with regulation 5B of the Regulations made in terms of section 38 of the Marriage Act, 1961;
- 25.2. an abridged marriage certificate, issued by the Director-General of Home Affairs;
- 25.3. an unabridged marriage certificate, issued by the Director-General of Home Affairs;
or
- 25.4. an original letter of confirmation of the spouse's marital status based on the particulars contained in a marriage register, issued by the Director-General of Home Affairs.

26. A spouse married to the deceased breadwinner in accordance the Recognition of Customary Marriages Act, 1998, must prove the existence of the marriage by providing a certified copy of one of the following documents –

- 26.1. a certificate of registration of the customary marriage issued in terms of sub-section 4(4)(b) of the Recognition of Customary Marriages Act, 1998;
- 26.2. an extract from the customary marriage register, confirming the registration of the customary marriage, issued by the Director-General of Home Affairs;
- 26.3. a copy of the customary marriage register, confirming the registration of the customary marriage, issued by the Director-General of Home Affairs; or
- 26.4. providing an affidavit by a person holding a position of authority in the deceased breadwinner's community, confirming the existence of the customary marriage; and
- 26.5. providing an affidavit deposed to by an immediate family member of the deceased breadwinner confirming the existence of the customary marriage:

Provided that if no immediate family member is available to depose to an affidavit, then any other persons with personal knowledge of the facts may depose to an affidavit confirming the existence of the marriage.

27. A civil union partner married to the deceased breadwinner in accordance with the Civil Union Act, 2006, must prove the existence of the civil union by providing a certified copy of one of the following documents –

- 27.1. a copy of the registration certificate issued by the marriage officer in terms of sub-section 12(3) of the Civil Union Act, 2006;
- 27.2. a copy of the abridged civil union registration certificate, issued by the Director-General of Home Affairs;
- 27.3. a copy of the unabridged civil union registration certificate, issued by the Director-General of Home Affairs; or
- 27.4. an original letter confirming the existence of the civil union, based on the particulars contained in the civil union register, issued by the Director-General of Home Affairs; or

- 27.5. a copy (reproduction) of the civil union register, issued by the Director-General of Home Affairs.
28. A spouse married to the deceased breadwinner in accordance with foreign law, must prove the existence of the marriage by –
- 28.1. providing a certified copy of the marriage certificate issued in accordance with the applicable foreign law; and
- 28.2. providing an affidavit deposed to by an immediate family member of the deceased breadwinner confirming the existence of the marriage:
- Provided that:
- (i) if the spouse is unable to provide the marriage certificate; then a further affidavit, in lieu of the marriage certificate, must be provided. The deponent to the further affidavit must be a government official of the foreign state who officially confirms the existence of the marriage; and
- (ii) further providing that, if no immediate family member is available to depose to an affidavit, then any other persons with personal knowledge of the nature of the relationship between the spouse and the deceased breadwinner may depose to an affidavit confirming the existence of the marriage.
29. A spouse, who is unable to comply with the requirements under rules 25, 26, 27 or 28, and who is married to the deceased breadwinner in accordance with the tenets of any religion must prove the existence of the marriage by –
- 29.1. providing a certified copy of the certificate confirming the recognition of the marriage by the Minister of Home Affairs, issued by the Director-General of Home Affairs; or
- 29.2. providing an affidavit by a person holding a position of authority in the religious denomination or organization, confirming the solemnizing of the marriage according to the rites of the particular religion; and
- 29.3. providing an affidavit deposed to by an immediate family member of the deceased breadwinner confirming the existence of the marriage:

Provided that if no immediate family member is available to depose to an affidavit, then any other persons with personal knowledge of the nature of the relationship between the spouse and the deceased breadwinner may depose to an affidavit confirming the existence of the marriage.

30. A lifepartner of the deceased breadwinner in a permanent domestic lifepartnership, in terms of which the lifepartner and the deceased breadwinner had established a contractual reciprocal duty of support, must prove the existence of the permanent domestic lifepartnership—

30.1. in the case of a written agreement, by —

30.1.1. providing the original contract concluded between the lifepartner and the deceased breadwinner; and

30.1.2. providing an affidavit by the surviving life-partner confirming the permanent domestic life partnership; and

30.1.3. providing two affidavits deposed to by immediate family members of the deceased breadwinner confirming the existence of the permanent domestic lifepartnership:

Provided that if no immediate family member is available to depose to an affidavit, then any other person with personal knowledge of the facts may depose to an affidavit confirming the existence of the permanent domestic lifepartnership.

30.2. in respect of an oral agreement, by —

30.2.1. providing documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the joint household;

30.2.2. providing documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the support of any children of the surviving life partner;

30.2.3. providing documentary proof (certified copies) of the deceased's will, insurance policies, pension fund nominations forms, and other such documents where the deceased nominated the surviving lifepartner as a heir, legatee or beneficiary;

30.2.4. providing an affidavit by the surviving life partner confirming the permanent domestic life partnership; and

30.2.5. providing affidavits by not less than two immediate family members of the deceased breadwinner confirming the existence of the permanent domestic life partnership:

Provided that if no immediate family member is available to depose to an affidavit, then any other persons may depose to an affidavit confirming the existence of the permanent domestic lifepartnership.

31. In each of the instances provided for under rules 25, 26, 27, 28, 29 and 30 the spouse must depose to a statutory affidavit confirming –

31.1. that the marriage, civil union or permanent domestic lifepartnership, as the case may be, was still in existence on the date of death of the deceased breadwinner; and

31.2. the pre-accident income of the spouse, in the manner set out in sub-rule 6.8.2.

32. A claimant wishing to claim a family support benefit for a child, in relation to the deceased breadwinner, must prove dependency of the child, by providing the following documents –

32.1. a certified copy of the unabridged birth certificate in respect of the child, confirming the maternity or paternity of the deceased breadwinner, as the case may be, in relation to the child, issued by the Director-General of Home Affairs; or

32.2. a certified copy of the adoption order in respect of the child, confirming the adoption by the deceased breadwinner of the child, issued by the Registrar of Adoptions or foreign authority in respect of an inter-country adoption; or

32.3. providing affidavits by not less than two immediate family members of the deceased breadwinner confirming the maternity or paternity of the deceased breadwinner, as the case may be, in relation to the child:

Provided that if no immediate family member is available to depose to an affidavit, then any other persons with personal knowledge of the facts may depose to an affidavit confirming the maternity or paternity of the deceased breadwinner, as the case may be, in relation to the child.

33. A claimant, other than a spouse or a child, wishing to claim a family support benefit, must prove dependency in relation to the deceased breadwinner, by–

33.1. in respect of a former spouse, providing a certified copy of the court order or consent paper (settlement agreement) requiring of the deceased breadwinner to pay support to the claimant;

33.2. in respect of a major descendant of the deceased breadwinner, by –

33.2.1. providing a certified copy of a court order or consent paper (settlement agreement) requiring of the deceased breadwinner to pay support to the major descendant; or

33.2.2. providing documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the major descendant, such as bank statements of the claimant reflecting payment received from the deceased breadwinner; bank statements of the deceased breadwinner reflecting payment made by the deceased breadwinner in respect of items relating to the support of the claimant; and receipts issued to the deceased breadwinner in respect of payment made by the deceased breadwinner in respect of items relating to the support of the claimant ; and

33.2.3. providing an affidavit by the major descendant confirming the nature of his dependency on the deceased breadwinner; and

33.2.4. providing affidavits by not less than two immediate family members of the deceased breadwinner confirming the nature of the major descendant's dependency on the deceased breadwinner:

Provided that if no immediate family member is available to depose to an affidavit, then any other persons with personal knowledge of the facts may depose to an affidavit confirming the nature of the major descendant's dependency on the deceased breadwinner.

33.3. in respect of a major descendant of the deceased breadwinner, who is subject to diminished legal capacity, by –

- 33.3.1. providing documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the major descendant, such as bank statements of the major descendant reflecting payment received from the deceased breadwinner; bank statements of the deceased breadwinner reflecting payment made by the deceased breadwinner in respect of items relating to the support of the major descendant; and receipts issued to the deceased breadwinner in respect of payment made by the deceased breadwinner in respect of items relating to the support of the major descendant; and
- 33.3.2. providing an affidavit by the legal guardian or curator of the major descendant, as the case may be, confirming the nature of his or her diminished legal capacity and dependency on the deceased breadwinner; and
- 33.3.3. providing affidavits by not less than two immediate family members of the deceased breadwinner confirming the nature of the major descendant's dependency on the deceased breadwinner:

Provided that if no immediate family member is available to depose to an affidavit, then any other persons with personal knowledge of the facts may depose to an affidavit confirming the nature of the major descendant's dependency on the deceased breadwinner.

- 33.4. in respect of a parent, grandparent, grandchild or sibling of the deceased breadwinner, as the case may be, by –
 - 33.4.1. providing documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the support of the parent, grandparent, grandchild or sibling, as the case may be, such as bank statement of the parent, grandparent, grandchild or sibling reflecting payment received from the deceased breadwinner; bank statements of the deceased breadwinner reflecting payment made by the deceased breadwinner in respect of items relating to the support of the parent, grandparent, grandchild or sibling; and receipts issued to the deceased breadwinner in respect of payment made by the deceased breadwinner in

respect of items relating to the support of the parent, grandparent, grandchild or sibling;

- 33.4.2. providing an affidavit by the parent, grandparent, grandchild or sibling, as the case may be, confirming the nature of his dependency on the deceased breadwinner; and
- 33.4.3. providing affidavits by not less than two immediate family members of the deceased breadwinner confirming the nature of the parent's, grandparent's, grandchild's or sibling's, as the case may be, dependency on the deceased breadwinner:

Provided that if no immediate family member is available to depose to an affidavit, then any other persons with personal knowledge of the facts may depose to an affidavit confirming the nature of the parent's, grandparent's, grandchild's or sibling's, as the case may be, dependency on the deceased breadwinner.

- 33.5. in respect of any other person, in relations to the deceased breadwinner, by -

- 33.5.1. providing an affidavit by the person confirming the nature of his or her dependency on the deceased breadwinner and confirming the legal basis of the alleged entitlement to receive support from the deceased breadwinner; and
- 33.5.2. providing documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the support of the person, such as bank statements of the person reflecting payment received from the deceased breadwinner; bank statements of the deceased breadwinner reflecting payment made by the deceased breadwinner in respect of items relating to the support of the person; and receipts issued to the deceased breadwinner in respect of payment made by the deceased breadwinner in respect of items relating to the support of the person; and
- 33.5.3. providing affidavits by not less than two immediate family members of the deceased breadwinner confirming the nature of person's dependency on the deceased breadwinner:

Provided that if no immediate family member is available to depose to an affidavit, then any other persons with personal knowledge of the facts may depose to an affidavit confirming the nature of the person's dependency on the deceased breadwinner.

CHAPTER 7

ACCIDENT REPORTS

34. Each driver of a vehicle involved in a road accident and, if the driver is not the owner of the vehicle, the owner of the vehicle also, must submit a completed accident report (RABS 1 form) to the administrator at any of the administrator's offices by hand, by registered mail or electronically, within 30 days from the date of the road accident, alternatively within thirty days of being in a position to so.
35. The administrator must utilize the information provided on the completed RABS 1 form to assist qualifying persons to submit claims.
36. Non-compliance with the obligations set out in rule 34 is an offence under the Act.
37. The administrator must report instances of non-compliance with rule 34 to the relevant authority.

CHAPTER 8

APPEALS

38. A claimant or beneficiary, as the case may be, who wishes to appeal against a decision of the administrator, or who lodges an appeal because the administrator has not accepted or rejected a claim within the period provided for in the Act, must submit a completed notice of appeal form (RABS 8 form) or an e-notice of appeal form to the administrator.
39. The claimant or beneficiary, as the case may be, must complete the RABS 8 form in all its particulars and submit it by hand at any of the administrator's offices, by registered mail, or electronically, within 30 days of being notified of the decision of the Administrator against which the appeal is lodged, alternatively, within 30 days of the time period provided in the Act for the administrator to accept or reject a claim.

40. For a notice of appeal to be valid the following minimum information must be provided:

- 40.1. the identify the claimant or beneficiary, as the case may be;
- 40.2. the contact details of the claimant or beneficiary, as the case may be;
- 40.3. details of the administrator's decision in respect of which the appeal is made;
- 40.4. the grounds on which the appeal is made;
- 40.5. if applicable, any new documentary evidence not already in the administrator's possession, on which the appeal is based; and
- 40.6. the resolution required.

41. The appeal body or bodies established by the administrator to determine appeals must acknowledge receipt of notice of appeals and communicate the outcome of appeals, in writing and with reasons, within 180 days from the date of lodgement of the RABS 8, or within 30 days if the appeal pertains to a failure by the administrator to accept or reject a claim the period provided for in the Act.

FORMS

The administrator determines the following forms for use as set out in the rules.

Annexure A
RABS 1: Accident Report

Annexure B
RABS 2: Claim Form
Health Care Services Benefit

Annexure C
RABS 3: Claim Form
Temporary Income Support Benefit

Annexure D
RABS 4: Claim Form
Long-Term Income Support Benefit

Annexure E
RABS 5: Claim Form
Family Support Benefit

Annexure F
RABS 6: Claim Form
Funeral Benefit

Annexure G
RABS 7: Form
Incapacity Certificate

Annexure H
RABS 8: Form
Notice of Appeal

Annexure I
RABS 9: Form
Pre-Authorisation Request

Annexure J
RABS 10:
Bank Indemnity Form

Annexure K
RABS 11: Form
Vocational Ability Assessment

Annexure A

RABS 1: Accident Report

Please complete this form if you were the driver of a vehicle involved in a road accident or, if you were not the driver but you are the owner of the vehicle involved in a road accident.

STATUTORY REPORT:

The law requires that each driver of a vehicle involved in a road accident and, if the driver is not the owner of the vehicle, the owner of the vehicle also, must submit a completed RABS 1 (Accident Report) to RABS.

This completed Accident Report must be submitted to RABS within 30 days from the date of the road accident. However, in the event that the driver / owner is not able to submit the Accident Report within the aforementioned period, then the Accident Report must be submitted to RABS within 30 days from when the owner / driver is in a position to comply.

Non-compliance with this requirement is an offence and the owner / driver may be liable on conviction to a fine not exceeding R50 000,00 or to imprisonment not exceeding three months.

WHAT IS THE ACCIDENT REPORT USED FOR?

RABS provides benefits to persons affected by injury or death caused by or arising from road accidents. RABS *must*:

- assist qualifying persons to submit claims;
- assess claims for benefits;
- establish a database of claimants and beneficiaries; and
- facilitate access to early and effective medical treatment for injured persons.

Furthermore, RABS may:

- establish a road accident database; and
- establish a medical and trauma database relating to road accidents.

The information provided in this Accident Report will be used to give effect to the above RABS duties and powers.

WHERE TO GET HELP TO COMPLETE THIS ACCIDENT REPORT:

Please phone one of the RABS consultants at 0800...RABS. for assistance. It is a free call.

Alternatively you can attend at any of the RABS offices or customer service centres for assistance.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document,

is deemed as consent by the data subject for RABS to process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO LODGE THE ACCIDENT REPORT:

The Accident Report (this completed form) can be lodged by –

Posting it to:

.....;

Faxing it to:

.....;

E-mailing it to:

.....;

Online at: www.rabs.gov.za; or

By physically delivering the Accident Report to any of the RABS offices or customer service centres nationally.

A. DRIVER DETAILS:

(Owners must also complete this paragraph in respect of the driver of the motor vehicle – if the driver was not the owner)

Name(s):

Surname (if applicable):

Identifying number:
(Tick the applicable box below)

- | | |
|--|--|
| <input type="checkbox"/> Identity number | <input type="checkbox"/> Passport number |
| <input type="checkbox"/> Drivers license | <input type="checkbox"/> Permit / Visa |

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

Home / business address:

.....

.....

Language spoken:

B. OWNER'S DETAILS:

Name(s):

Surname (if applicable):

Identifying number:
(Tick the applicable box below)

- | | |
|--|--|
| <input type="checkbox"/> Identity number | <input type="checkbox"/> Passport number |
| <input type="checkbox"/> Drivers license | <input type="checkbox"/> Permit / Visa |

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

Home / business address:

.....

.....

Language spoken:

C. ACCIDENT REPORT:

Date of accident:

Time of accident:

Where did the accident take place?

- City / town name:

- Street names:

.....

.....

What is the registration number of the vehicle driven /
owned by you:

What are the registration number(s) of OTHER vehicle(s)
involved in the road accident?

-;

-;

-;

-;

-;

Was the accident reported to the police? ☐ Yes ☐ No

If yes, kindly furnish the following information:

- Name of police station:

- Police reference number:

Was anyone else involved in the road accident?

☐ Yes ☐ No

Did anyone witness the road accident?

☐ Yes ☐ No

If you answered yes to either question, kindly furnish
the following details in respect of such persons (if
available):

1. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

2. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

3. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

4. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

D. STATUTORY DECLARATION:

Kindly indicate your response to the below declarations
and then sign in the space provided:

I
(full names and surname)

☐ the driver, or

- ☐ the owner, or
- ☐ the duly authorised representative of the owner,
(indicate which)

declare as follows:

I take note that any person who provides RABS with false or misleading information *knowing it to be false or misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this Accident Report is, to the best of my knowledge and belief, true and correct in every respect.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....
Full names and surname

.....
Signature

.....
Date

Annexure B

RABS 2 Claim Form: Health Care Services Benefit

Please complete this form to make a claim for a health care service benefit and be sure to attach the specified documentation.

WHAT CAN BE CLAIMED?

RABS provides benefits in respect of the following health care services reasonably required for the treatment, care and rehabilitation of a person injured in a road accident:

- pre-hospital care and inter-facility transfer;
- emergency and acute care;
- hospitalisation and outpatient services;
- inter-facility transport and other transport and accommodation necessary to receive any health care service;
- rehabilitative care;
- vocational ability assessment and training;
- long-term personal care;
- assistive devices;
- structural changes to homes, vehicles and the workplace; and
- medical reports required under the Act.

WHO CAN CLAIM?

The following persons may claim health care services benefits:

- a registered *medical scheme* in respect of payments made to a health care service provider;
- a registered *health care service provider* in respect of a health care service provided to an injured person;
- a *person who paid* for a health care service provided to the injured person;
- the *injured person* who received and paid for the health care service; or
- a *representative* who is claiming on behalf of any of the aforementioned persons.

WHAT IS PRE-AUTHORISATION?

The pre-authorisation process allows RABS to evaluate the medical necessity and appropriateness of certain health care services, in accordance with RABS rules and policies, to ensure that such health care services are provided and managed by RABS in an appropriate and effective manner that also ensures value for money.

Pre-authorisation is not required if:

- the health care service is urgently required, in an emergency situation, in order to preserve the injured person's life or bodily functions, or where treatment cannot be delayed; or
- in the opinion of a medical practitioner, who has personally examined the injured person, the injured person's medical condition, would subject the injured person to severe pain that cannot be adequately managed without immediate medical intervention.

However, once the injured person is admitted to hospital, pre-authorisation must be obtained within 72 hours of admission, in respect of medical health care services that will be provided after the 72 hour period.

Additionally, no pre-authorisation is required in respect of any health care service provided to the injured person in accordance with an individual treatment and rehabilitation plan, or vocational training program, which has been determined in accordance with the Act.

An application for pre-authorisation must be made on the RABS 9 Pre-Authorisation Request form.

Please phone one of the RABS consultants at 0800...RABS should you require more information or assistance. It is a free call.

WHAT OTHER DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM?

If the person making the claim is a medical scheme:

- a certified copy of the scheme's valid registration certificate issued by the Registrar of the Council of Medical Schemes (required if not previously submitted to RABS in the calendar year);
- the original or certified copy of the invoice in respect of the health care service provided to the injured person by the health care service provider, reflecting the following minimum information:
 - ☐ the name of the scheme;
 - ☐ the name and address of the health care service provider;
 - ☐ the practice number of the health care service provider (if registration of the health care service provider is required with a professional body);
 - ☐ the RABS claim number (if available);
 - ☐ the RABS pre-authorisation number (if pre-authorisation was required);
 - ☐ the name and surname of the injured person;
 - ☐ the identity number, passport number, date of birth, or other official identifying number, in respect of the injured person (if available);
 - ☐ the date on which the health care service was provided;
 - ☐ ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
 - ☐ the amounts claimed per item.
- proof of payment by the scheme of the invoice;
- documentary proof of the identity of the injured person –
 - ☐ if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ identity document;
 - ✓ valid passport;
 - ✓ valid driver's license; or
 - ✓ birth certificate.
 - ☐ if the injured person is *not* a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ foreign passport;
 - ✓ birth certificate issued by the country of origin;
 - ✓ valid international driver's license;
 - ✓ any valid permit or visa issued to the

person in terms of the Immigration Act, 2002; or

- ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.

- a completed bank indemnity form (RABS 10 form), required if the scheme has not previously submitted the aforementioned form to RABS, or if the scheme's bank account details have changed.

If the person making the claim is a health care service provider:

- a certified copy of the health care service provider's certificate of registration with the Health Professional Council of South Africa, Allied Health Professions Council of South Africa, or other professional body, if registration with such a professional body is required by law (required if not previously submitted to RABS in the calendar year);
- the original or certified copy of the invoice in respect of the health care service provided to the injured person by the health care service provider, reflecting the following information:
 - ☐ the name and address of the health care service provider;
 - ☐ the practice number of the health care service provider (if registration is required by law with a professional body);
 - ☐ the RABS claim number (if available);
 - ☐ the RABS pre-authorisation number (if pre-authorisation was required);
 - ☐ the name and surname of the injured person;
 - ☐ the identity number, passport number, date of birth, or other official identifying number, in respect of the injured person (if available);
 - ☐ the date on which the health care service was provided;
 - ☐ ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
 - ☐ the amounts claimed per item.
- documentary proof of the identity of the injured person –
 - ☐ if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ identity document;
 - ✓ valid passport;
 - ✓ valid driver's license; or
 - ✓ birth certificate.

- ☐ if the injured person is *not* a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:

- ✓ foreign passport;
 - ✓ birth certificate issued by the country of origin;
 - ✓ valid international driver's license;
 - ✓ any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or
 - ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.
- documentary proof of the identity of the health care service provider (required if such documentary proof has not previously been submitted to RABS or if any details have since changed) –
 - ☐ if the health care service provider is a natural person (sole proprietor), one of the documents as listed for the injured person; or
 - ☐ if the health care service provider is a business entity, a certified copy of one of the following applicable documents, as the case may be –
 - ✓ a company must submit a registration certificate;
 - ✓ foreign companies must submit the applicable official document of incorporation;
 - ✓ trusts must submit a trust deed;
 - ✓ close corporations must submit a founding statement or amended founding statement, if applicable;
 - ✓ partnerships must submit a partnership agreement; or
 - ✓ other entities must submit the document that establishes the entity.
 - a completed bank indemnity form (RABS 10 form), required if the health care service provider has not previously submitted the aforementioned form to RABS, or if the health care service provider's bank account details have changed.

If the person making the claim is a person who paid for a health care service provided to the injured person:

- the original or certified copy of the invoice in respect of the health care service provided to the injured person by the health care service provider, reflecting the following minimum information:
 - ☐ the name of the person who paid for the health care service;
 - ☐ the name and address of the health care service provider;
 - ☐ the practice number of the health care service provider (if registration of the healthcare service provider is required with a professional body);
 - ☐ the RABS claim number (if available);
 - ☐ the RABS pre-authorisation number (if pre-authorisation was required);
- ☐ the name and surname of the injured person;
- ☐ the identity number, passport number, date of birth, or other official identifying number, in respect of the injured person (if available);
- ☐ the date on which the health care service was provided;
- ☐ ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
- ☐ the amounts claimed per item.
- proof that the person making the claim paid the invoice;
- documentary proof of the identity of the injured person –
 - ☐ if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ identity document;
 - ✓ valid passport;
 - ✓ valid driver's license; or
 - ✓ birth certificate.
 - ☐ if the injured person is *not* a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ foreign passport;
 - ✓ birth certificate issued by the country of origin;
 - ✓ valid international driver's license;
 - ✓ any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or
 - ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.
- documentary proof of the identity of the person making the claim (required if such documentary proof has not previously been submitted to RABS or if any details have since changed) –
 - ☐ if the person making the claim is a natural person, one of the documents as listed for the injured person; or
 - ☐ if the person making the claim is a business entity, a certified copy of one of the following applicable documents, as the case may be –
 - ✓ a company must submit a certificate of registration;
 - ✓ foreign companies must submit the applicable official document of incorporation;
 - ✓ trusts must submit a trust deed;
 - ✓ close corporations must submit a founding statement or amended

- ✓ founding statement, if applicable;
 - ✓ partnerships must submit a partnership agreement; or
 - ✓ other entities must submit the document that establishes the entity.
- a completed bank indemnity form (RABS 10 form), required if the person making the claim has not previously submitted the aforementioned form to RABS, or if the person's bank account details have changed.

If the person making the claim is the injured person who received the health care service:

- the original or certified copy of the invoice in respect of the health care service provided, reflecting the following minimum information:
 - ☐ the name of the injured person;
 - ☐ the name and address of the health care service provider;
 - ☐ the practice number of the health care service provider (if registration of the health care service provider is required with a professional body);
 - ☐ the RABS claim number (if available);
 - ☐ the RABS pre-authorisation number (if pre-authorisation was required);
 - ☐ the name and surname of the person who received the health care service;
 - ☐ the identity number, passport number, date of birth, or other official identifying number, in respect of the person who received the health care service;
 - ☐ the date on which the health care service was provided;
 - ☐ ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
 - ☐ the amounts claimed per item.
- proof of payment by the injured person of the invoice; and
- documentary proof of the identity of the injured person –
 - ☐ if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ identity document;
 - ✓ valid passport;
 - ✓ valid driver's license; or
 - ✓ birth certificate.
 - ☐ if the injured person is *not* a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ foreign passport;
 - ✓ birth certificate issued by the country of

- origin;
 - ✓ valid international driver's license;
 - ✓ any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or
 - ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.
- a completed bank indemnity form (RABS 10 form), if the injured person has not previously submitted the aforementioned form to RABS, or if the injured person's bank account details have changed.

If the person making the claim is a representative of one of the above persons who could have submitted the claim themselves:

- documentary proof of the representative's authority to act for the other person (the represented person). Examples of such documentary proof include a copy of a special power of attorney; letter of executorship; or a court order appointing a curator, tutor, liquidator or administrator;
- if the represented person is a medical scheme, a certified copy of the scheme's valid registration certificate issued by the Registrar of the Council of Medical Schemes (required if not previously submitted to RABS in the calendar year);
- if the represented is a health care service provider, a certified copy of the health care service provider's certificate of registration with the Health Professional Council of South Africa, Allied Health Professions Council of South Africa, or other professional body, if registration with such a professional body is required by law (required if not previously submitted to RABS in the calendar year);
- the original or certified copy of the invoice in respect of the health care service provided to the injured person by the health care service provider, reflecting the following minimum information:
 - ☐ the name of the represented or injured person, as the case may be;
 - ☐ the name and address of the health care service provider;
 - ☐ the practice number of the health care service provider (if registration of the health care service provider is required with a professional body);
 - ☐ the RABS claim number (if available);
 - ☐ the RABS pre-authorisation number (if pre-authorisation was required);
 - ☐ the name and surname of the injured person;
 - ☐ the identity number, passport number, date of birth, or other official identifying number, in respect of the injured person (if available);
 - ☐ the date on which the health care service was provided;
 - ☐ ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
 - ☐ the amounts claimed per item.
- proof of payment by the represented of the invoice

(not required where the represented is the health care service provider that provided the health care service);

- documentary proof of the identity of the injured person -
 - ☐ if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ identity document;
 - ✓ valid passport;
 - ✓ valid driver's license; or
 - ✓ birth certificate.
 - ☐ if the injured person is *not* a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ foreign passport;
 - ✓ birth certificate issued by the country of origin;
 - ✓ valid international driver's license;
 - ✓ any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or
 - ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.
- documentary proof of the identity of the representative (required if such documentary proof has not previously been submitted to RABS or if any details have since changed) –
 - ☐ if the representative is a natural person, one of the documents as listed for the injured person; or
 - ☐ if the representative is a business entity, a certified copy of one of the following applicable documents, as the case may be -
 - ✓ a company must submit a registration certificate;
 - ✓ foreign companies must submit the applicable official document of incorporation;
 - ✓ trusts must submit a trust deed;
 - ✓ close corporations must submit a founding statement or amended founding statement, if applicable;
 - ✓ partnerships must submit a partnership agreement; or
 - ✓ other entities must submit the document that establishes the entity.
- a completed bank indemnity form (RABS 10 form), if the representative has not previously submitted the aforementioned form to RABS: provided that the RABS 10 form will not be required if payment of the benefit will be made to the represented who has already furnished RABS with the RABS 10 form.

HOW MUCH TIME IS THERE TO CLAIM?

Subject to certain exceptions, a claim must be lodged with RABS *within 3 years* from the date that the health care service was provided to the injured person, else the claim will no longer be possible.

It is always better to lodge the claim as soon as possible. RABS is there to assist you with your claim. Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call.

WHAT IS REQUIRED FOR A VALID CLAIM?

For the claim to be valid the following must be true:

- the documents specified above must accompany this claim form;
- this claim form must be signed by the claimant (the person lodging the claim or the authorised representative);
- this claim form must be completed in all its particulars;
- the road accident report, (paragraph E) below, must be completed, if not previously completed; and
- the declarations, (paragraph F) below, must be completed and signed.

WHAT HAPPENS IF A VALID CLAIM IS NOT LODGED?

RABS can only approve a benefit if a valid claim is lodged within the period referred to above. If a valid claim is not lodged with RABS within the specified period the claim will no longer be valid and RABS will not be able to provide or pay a health care benefit.

WHERE TO GET HELP TO COMPLETE THIS CLAIM FORM:

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call. Alternatively you can attend at any of the RABS offices or customer service centres for assistance.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and

prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO LODGE YOUR CLAIM:

The RABS 2 form and required additional documentation can be lodged by –

Posting it to:

.....;

Faxing it to:

.....;

E-mailing it to:

.....;

Online at: www.rabs.co.za; or

By physically delivering the RABS 2 and required additional documentation to any of the RABS offices or customer service centres nationally.

A. RABS NUMBERS:

Pre-authorisation number:
(Where applicable)

RABS claim number:
(If known)

B. CLAIMANT DETAILS:

Name(s):

Surname (if applicable):

Identifying number:
(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Company or Close Corporation registration number

If the claimant is, or if this claim is submitted on behalf of, a medical scheme or health care service provider, indicate: ☐ medical scheme, or ☐ health care service provider and registration / practice number:

.....

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

Home / business address:

.....

Language spoken:

C. INJURED PERSON'S DETAILS:

Name(s):

Surname:

Sex ☐ Male ☐ Female

Date of birth:

Identifying number:
(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Date of birth

Language spoken:

D. HEALTH CARE SERVICE(S) DETAILS:

The injured person sustained the following injuries in the road accident (include ICD 10 codes, where applicable):

.....

.....

.....

.....

.....

.....

This claim is made in respect of the following health care service(s) provided to the injured person in respect of the above accident related injuries, more fully described in the attached invoice (include CPT / CCSA / NAPPI / SAOPA codes, where applicable):

.....

.....

.....

.....

.....

.....

The health care service(s) was provided to the injured person on:, or from: to

Amount claimed: R

ROAD ACCIDENT REPORT:

Note: this paragraph need not be completed where a previous claim has been lodged by the claimant and where this paragraph was completed in such previous claim. Was this paragraph completed in a previous claim lodged by the claimant?

☐ Yes ☐ No

Date of accident:

Time of accident:

Where did the accident take place?

- City / town name:

- Street names:

.....

.....

Registration number(s) of vehicle(s) involved in the road accident:

-

-

-

-

-

-

Was the accident reported to the police? ☐ Yes ☐ No

If yes, kindly furnish the following information:

- Name of police station:

- Police reference number:

-

Was anyone else involved in the road accident?

☐ Yes ☐ No

Did anyone witness the road accident?

☐ Yes ☐ No

If you answered yes to either question, kindly furnish the following details in respect of such persons (if available):

1. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

- ☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

2. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

- ☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

3. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

- ☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

4. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

- ☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

E. COMPENSATION / DAMAGES PAYMENTS RECEIVED:

Has the Compensation Commissioner (in terms of the Compensation for Occupational Injuries and Diseases Act, 1993) or the Compensation Board (in terms of the Defence Act, 2002) made any payment in respect of health care services?

☒ Yes ☐ No ☐ Not known

F. STATUTORY DECLARATION BY CLAIMANT:

Kindly indicate your response to the below declarations and then sign in the space provided:

I
 (full names and surname)

☒ the claimant, or

☒ the duly authorised representative of the claimant,
 (indicate which)

declare as follows:

I take note that any person who provides RABS with false or misleading information knowing it to be false or misleading, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this claim form is, to the best of my knowledge and belief, true and correct in every respect.

I confirm that no payment has been received from anyone, other than may have been declared under paragraph F of the claim form, in respect of the benefit claimed in this claim form.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

CONTINUES ON PAGE 130—PART 2



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PART 2 OF 2

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submitted for publication purposes*



AIDS HELPLINE: 0800-0123-22 Prevention is the cure

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....
Full names and surname

.....
Signature

.....
Date

Annexure C

RABS 3 Claim Form: Temporary Income Support Benefit

Please complete this form to make a claim for a temporary income support benefit and be sure to attach the specified documentation.

WHAT IS A TEMPORARY INCOME SUPPORT BENEFIT?

RABS provides a temporary income support benefit to persons injured in road accidents who, due to the injuries sustained in the road accident, are unable to work. A monthly sum is paid to the beneficiary until the beneficiary is able to commence work.

The temporary income support benefit is available from 61 days after the date of the road accident for a period of up to 24 months from the date of the road accident.

The temporary income support benefit is available to injured persons who have already reached the age of *eighteen*, but is no longer available once the injured person reaches the age of *sixty*.

To qualify for a temporary income support benefit the injured person must have lived in the Republic of South Africa for at least 6 months in every year of the three years immediately preceding the date of the road accident, and the continued entitlement to the temporary income support benefit is further dependent on the injured person living in the Republic of South Africa for at least 6 months in every year calculated over any consecutive 3 year period from the date of the road accident.

The temporary income support benefit is based either on the:

- *average annual national income* - for those injured persons who were economically inactive or are unable to prove their pre-accident income; or
- actual proven pre-accident income of the injured person.

The amount used by RABS to calculate the benefit may never be higher than the *pre-accident income cap*. Both the *average annual national income* and the *pre-accident income cap* are amounts determined by the Minister of Transport and published in the Gazette, from time to time.

WHO CAN CLAIM?

The following persons may claim a temporary income support benefit:

- the *injured person*; or
- a duly authorised *representative*, on behalf of the injured person.

WHAT OTHER DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM?

If the person making the claim is the ***injured person***:

- an incapacity certificate (RABS 7 form) in respect of the injured person, provided that this will not be required where the medical practitioner has already completed and submitted an e-incapacity certificate;
- in the event that the injured person was employed or otherwise earning an income at the time of the road accident, documentary proof must be furnished of the injured person's pre-accident income, as follows:
 - ☐ in the event that the injured person was required to submit income tax returns in any of the three tax years immediately preceding the date of the road accident, *certified copies* of such income tax assessments for each of the years for which an income tax return was submitted;
 - ☐ in the event that the injured person earned

more than the average national income, but was not required to submit an income tax return in any of the three tax years preceding the date of the road accident, any one or more of the following documents must be supplied:

- ✓ certified copies of pay slips issued by the injured person's employer;
 - ✓ if certified copies of pay slips are not available, the injured person's original contract of employment or letter of appointment confirming the salary earned;
 - ✓ if the injured person's original contract of employment or letter of appointment is not available, an original IRP5 certificate or any other original, verifiable documentation confirming the injured person's income earned, including but not limited to, order books and bank account statements; or
 - ✓ an affidavit by the person paying the income, setting out the details of the injured person's pre-accident income.
- a completed bank indemnity form (RABS 10 form), if the injured person has not previously submitted the aforementioned form to the administrator, or if the banking details have changed;
 - documentary proof of the identity of the injured person –
 - ☐ if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ identity document;
 - ✓ valid passport;
 - ✓ valid driver's license; or
 - ✓ birth certificate.
 - ☐ if the injured person is *not* a South African citizen, a certified copy of any one of the following documents must be submitted with this claim form:
 - ✓ foreign passport;
 - ✓ birth certificate issued by the country of origin;
 - ✓ valid international driver's license;
 - ✓ any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or
 - ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.

If the person making the claim is a representative, claiming on behalf of the injured person:

- documentary proof of the representative's authority

to act for the injured person. Examples of such documentary proof include a copy of a special power of attorney; letter of executorship; or a court order appointing a curator, tutor, liquidator or administrator;

- an incapacity certificate (RABS 7 form) in respect of the injured person, provided that this will not be required where the medical practitioner has already completed and submitted an e-incapacity certificate;
- in the event that the injured person was employed or otherwise earning an income at the time of the road accident, documentary proof must be furnished of the injured person's pre-accident income, as follows:
 - ☐ in the event that the injured person was required to submit income tax returns in any of the three tax years immediately preceding the date of the road accident, *certified copies* of such income tax assessments for each of the years for which an income tax return was submitted;
 - ☐ in the event that the injured person earned more than the average national income, but was not required to submit an income tax returns in any of the three tax years preceding the date of the road accident, any one or more of the following documents must be supplied:
 - ✓ certified copies of pay slips issued by the injured person's employer;
 - ✓ if certified copies of pay slips are not available, the injured person's original contract of employment or letter of appointment confirming the salary earned;
 - ✓ if the injured person's original contract of employment or letter of appointment is not available, an original IRP5 certificate or any other original, verifiable documentation confirming the injured person's income earned, including but not limited to, order books and bank account statements; or
 - ✓ an affidavit by the person paying the income, setting out the details of the injured person's pre-accident income.
- a completed bank indemnity form (RABS 10 form), if the representative or injured person has not previously submitted the aforementioned form to the administrator, or if the banking details have changed;
- documentary proof of the identity of the injured person –
 - ☐ if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:

- ✓ identity document;
 - ✓ valid passport;
 - ✓ valid driver's license; or
 - ✓ birth certificate.
- ☐ if the injured person is *not* a South African citizen, a certified copy of any one of the following documents must be submitted with this claim form:
- ✓ foreign passport;
 - ✓ birth certificate issued by the country of origin;
 - ✓ valid international driver's license;
 - ✓ any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or
 - ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.
- ☐ documentary proof of the representative (required if such documentary proof has not previously been submitted to RABS or if any details have since changed) –
- ☐ if the person making the claim is a natural person, one of the documents as listed for the injured person; or
- ☐ if the person making the claim is a business entity, a certified copy of one of the following applicable documents, as the case may be –
- ✓ a company must submit a registration certificate;
 - ✓ foreign companies must submit the applicable official document of incorporation;
 - ✓ trusts must submit a trust deed;
 - ✓ close corporations must submit a founding statement or amended founding statement, if applicable;
 - ✓ partnerships must submit a partnership agreement; or
 - ✓ other entities must submit the document that establishes the entity.

HOW MUCH TIME IS THERE TO CLAIM?

Subject to certain exceptions, a claim must be lodged with RABS *within 3 years* from the date of the road accident. It is always better to lodge the claim as soon as possible.

WHAT IS REQUIRED FOR A VALID CLAIM?

For the claim to be valid the following must be true:

- ☐ the documents specified above must accompany this claim form;

- ☐ this claim form must be signed by the claimant (the injured person or the authorised representative);
- ☐ this claim form must be completed in all its particulars;
- ☐ the road accident report, (paragraph C) below, must be completed;
- ☐ the declarations, (paragraph G) below, must be completed and signed; and
- ☐ the statutory affidavit (paragraph H) confirming that the inability to earn an income is due to injuries sustained in the road accident.

WHAT HAPPENS IF A VALID CLAIM IS NOT LODGED?

RABS can only approve a benefit if a valid claim is lodged within the period referred to above. If a valid claim is not lodged with RABS within the specified period the claim will no longer be valid and RABS will not be able to provide any temporary income support benefit.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

WHERE TO GET HELP TO COMPLETE THIS CLAIM FORM:

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call. Alternatively

you can attend at any of the RABS offices or customer service centres for assistance.

HOW TO LODGE YOUR CLAIM:

The RABS 3 form and required additional documentation can be lodged by –

Posting the claim to:

.....;

Faxing the claim to:

.....;

E-mailing the claim to:

Online at: www.rabs.gov.za; or

Physically delivering the claim to any of the RABS offices or customer service centres nationally.

A. CLAIMANT DETAILS:

Name(s):

Surname (if applicable):

Identifying number:
(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Company or Close Corporation registration number

Work phone no

Home phone no

Cell phone no

E-mail

Postal address

.....

.....Postal code

Home / business address

.....

.....

B. INJURED PERSON'S DETAILS (if not the claimant):

Name(s):

Surname:

Identifying number:
(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Date of birth

Work phone no

Home phone no

Cell phone no

E-mail

Postal address

.....

.....Postal code

Home address

.....

.....

C. ROAD ACCIDENT REPORT:

Note: this paragraph need not be completed where a previous claim has been lodged by the claimant and where this paragraph was completed in such previous claim. Was this paragraph completed in a previous claim lodged by the claimant?

- ☐ Yes ☐ No

Date of accident:

Time of accident:

Where did the accident take place?

- City / town name:

- Street names:

.....

.....

Registration number(s) of vehicle(s) involved in the road accident:

-;
-;
-;
-;
-;
-;

Was the accident reported to the police? ☐ Yes ☐ No

If yes, kindly furnish the following information:

- Name of police station:
- Police reference number:

Was anyone else involved in the road accident?

☐ Yes ☐ No

Did anyone witness the road accident?

☐ Yes ☐ No

If you answered yes to either question, kindly furnish the following details in respect of such persons (if available):

1. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

2. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

3. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

4. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

D. COMPENSATION / DAMAGES PAYMENTS RECEIVED:

Has the Compensation Commissioner (in terms of the Compensation for Occupational Injuries and Diseases Act, 1993) or the Compensation Board (in terms of the Defence Act, 2002) made any payment in respect of the injured person's loss of income or loss of earning capacity?

☐ Yes ☐ No

If yes, how much has been paid: R

E. EARNING SINCE ROAD ACCIDENT:

Has the injured person earned an income from employment or work since the road accident?

☐ Yes ☐ No

If yes, please furnish details of the nature of the employment or work and the income earned:

.....

F. ORDINARY PLACE OF RESIDENCE:

Is the injured person's ordinary residence situated in the Republic of South Africa?

☐ Yes ☐ No

In the three years preceding the date of the road accident, was the injured person lived outside of the Republic of South Africa for a period of six months or longer during any of the three years?

☐ Yes ☐ No

Has the injured person lived outside of the Republic of South Africa for any period(s) since the road accident?

☐ Yes ☐ No

If yes, please furnish details of the nature of the stay outside of the Republic of South Africa and the dates and duration of such absences:

.....

G. STATUTORY DECLARATION BY CLAIMANT:

Kindly indicate your response to the below declarations and then sign in the space provided:

I
 (name and surname)

☐ the claimant, or

☐ the duly authorised representative of the injured person,

(indicate which)

declare as follows:

I take note that any person who provides RABS with false or misleading information *knowing it to be false or misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this claim form is, to the best of my knowledge and belief, true and correct in every respect.

I confirm that no payment has been received from anyone, other than may have been declared under paragraph D of the claim form, in respect of the benefit claimed in this claim form.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....
 Full names and surname

.....
 Signature of the claimant

.....
 Date

H. STATUTORY AFFIDAVIT:

I

(state full name(s) and surname of deponent)

- the injured person, with further identifying details specified in this RABS 3 Claim Form,
- the duly authorised representative of the injured person, with further identifying details specified in this RABS 3 Claim Form,

(delete the option that is not applicable)

hereby state as follows:

1. The statement in paragraph 2 below is to the best of my belief true in every respect.

2.

- I, the injured person, confirm that my inability to perform my pre-accident occupation or work or earn an income is due to injuries sustained in the road accident identified in paragraph C of this RABS 3 Claim Form,
- I, the duly authorised representative of the injured person, confirm that the injured person's inability to perform my pre-accident occupation or work or earn an income is due to injuries sustained by the injured person in the road accident identified in paragraph C of this RABS 3 Claim Form.

(delete the option that is not applicable)

.....

Signature of Deponent

I certify that before administering the oath / taking the affirmation I asked the Deponent the following questions and noted his / her answers in his / her presence below:

- (a) Do you know and understand the contents of the above declaration?

Answer:.....

- (b) Do you have any objection to taking the prescribed oath?

Answer:.....

- (c) Do you consider the prescribed oath to be binding on your conscience?

Answer:.....

I certify that the Deponent has acknowledged that she / he knows and understands the contents of this declaration which was sworn to /affirmed before me, and the Deponent's signature was placed thereon.

Dated at this day of 20

Justice of the Peace / Commissioner of Oaths

Full names:

Designation:

Area for which appointed:

Business address:

.....

RABS 4 Claim Form: Long-Term Income Support Benefit

Please complete this form to make a claim for a long-term income support benefit and be sure to attach the specified documentation.

WHAT IS A LONG-TERM INCOME SUPPORT BENEFIT?

RABS provides a long-term income support benefit to persons injured in road accidents who, due to the injuries sustained in the road accident, are unable to work. A monthly sum is paid to the beneficiary until the beneficiary is able to commence work.

The long-term income support benefit is available from after 24 months from the date of the road accident until the injured person reaches the age of *sixty*.

The long-term income support benefit is available to injured persons who have already reached the age of *eighteen*, but is no longer available once the injured person reaches the age of *sixty*.

To qualify for a long-term income support benefit the injured person must have lived in the Republic of South Africa for at least 6 months in every year of the three years immediately preceding the date of the road accident, and the continued entitlement to the long-term income support benefit is further dependent on the injured person living in the Republic of South Africa for at least 6 months in every year calculated over any consecutive 3 year period from the date of the road accident.

The long-term income support benefit is based either on the:

- *average annual national income* - for those injured persons who were economically inactive or are unable to prove their pre-accident income; or
- actual proven pre-accident income of the injured person.

The amount used by RABS to calculate the benefit may never be higher than the *pre-accident income cap*. Both the *average annual national income* and the *pre-accident income cap* are amounts determined by the Minister of Transport and published in the Gazette, from time to time.

WHO CAN CLAIM?

The following persons may claim a long-term income support benefit:

- the *injured person*; or
- a duly authorised *representative*, on behalf of the injured person.

WHAT OTHER DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM?

If the person making the claim is the *injured person*:

- a vocational ability assessment (RABS 11 form) in respect of the injured person, provided that this will not be required where the assessor has already completed and submitted an e-vocational ability assessment;

If the injured person did not claim a temporary income support benefit, the following additional documents are required:

- in the event that the injured person was employed or otherwise earning an income at the time of the road accident, documentary proof must be furnished of the injured person's pre-accident income, as follows:
 - ☐ in the event that the injured person was required to submit income tax returns in any of the three tax years immediately preceding the date of the road accident, certified *copies* of

such income tax assessments for each of the years for which an income tax return assessment was submitted;

- ☐ in the event that the injured person earned more than the average national income, but was not required to submit an income tax assessment in any of the three tax years preceding the date of the road accident, any one or more of the following documents must be supplied:
 - ✓ certified copies of pay slips issued by the injured person's employer;
 - ✓ if certified copies of pay slips are not available, the injured person's original contract of employment or letter of appointment confirming the salary earned;
 - ✓ if the injured person's original contract of employment or letter of appointment is not available, an original IRP 5 certificate or any other original, verifiable documentation confirming the injured person's income earned, including but not limited to, order books and bank account statements; or
 - ✓ an affidavit by the person who paid the income setting out the details of the injured person's pre-accident income.
- a completed bank indemnity form (RABS 10 form), if the injured person has not previously submitted the aforementioned form to the administrator, or if the banking details have changed;
- documentary proof of the identity of the injured person –
 - ☐ if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ identity document;
 - ✓ valid passport;
 - ✓ valid driver's license; or
 - ✓ birth certificate.
 - ☐ if the injured person is *not* a South African citizen, a certified copy of any one of the following documents must be submitted with this claim form:
 - ✓ foreign passport;
 - ✓ birth certificate issued by the country of origin;
 - ✓ valid international driver's license;
 - ✓ any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or
 - ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.

If the person making the claim is a representative, claiming on behalf of the injured person:

- documentary proof of the representative's authority to act for the injured person. Examples of such documentary proof include a copy of a special power of attorney; letter of executorship; or a court order appointing a curator, tutor, liquidator or administrator;
- a vocational ability assessment (RABS 11 form) in respect of the injured person, provided that this will not be required where the assessor has already completed and submitted an e-vocational ability assessment;

If the injured person did not claim a temporary income support benefit, the following additional documents are required:

- in the event that the injured person was employed or otherwise earning an income at the time of the road accident, documentary proof must be furnished of the injured person's pre-accident income, as follows:
 - ☐ in the event that the injured person was required to submit income tax returns in any of the three tax years immediately preceding the date of the road accident, *certified copies* of such income tax assessments for each of the years for which an income tax return was submitted;
 - ☐ in the event that the injured person earned more than the average national income, but was not required to submit an income tax assessment in any of the three tax years preceding the date of the road accident, any one or more of the following documents must be supplied:
 - ✓ certified copies of pay slips issued by the injured person's employer;
 - ✓ if certified copies of pay slips are not available, the injured person's original contract of employment or letter of appointment confirming the salary earned;
 - ✓ if the injured person's original contract of employment or letter of appointment is not available, an original IRP 5 certificate or any other original, verifiable documentation confirming the injured person's income earned, including but not limited to, order books and bank account statements; or
 - ✓ an affidavit by the person who paid the income setting out the details of the injured person's pre-accident income.
- a completed bank indemnity form (RABS 10 form), if the representative or injured person has not previously submitted the aforementioned form to the administrator, or if the banking details have

changed;

- documentary proof of the identity of the injured person –

- ☐ if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:

- ✓ identity document;
- ✓ valid passport;
- ✓ valid driver's license; or
- ✓ birth certificate.

- ☐ if the injured person is *not* a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:

- ✓ foreign passport;
- ✓ birth certificate issued by the country of origin;
- ✓ valid international driver's license;
- ✓ any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or
- ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.

- documentary proof of the representative (required if such documentary proof has not previously been submitted to RABS or if any details have since changed) –

- ☐ if the person making the claim is a natural person, one of the documents as listed for the injured person; or

- ☐ if the person making the claim is a business entity, a *certified copy* of one of the following applicable documents, as the case may be –

- ✓ a company must submit a certificate of registration;
- ✓ foreign companies must submit the applicable official document of incorporation;
- ✓ trusts must submit a trust deed;
- ✓ close corporations must submit a founding statement or amended founding statement, if applicable;
- ✓ partnerships must submit a partnership agreement; or
- ✓ other entities must submit the document that establishes the entity.

HOW MUCH TIME IS THERE TO CLAIM?

Subject to certain exceptions, a claim must be lodged with RABS *within 5 years* from the date of the road

accident. It is always better to lodge the claim as soon as possible.

WHAT IS REQUIRED FOR A VALID CLAIM?

For the claim to be valid the following must be true:

- the documents specified above must accompany this claim form;
- this claim form must be signed by the claimant (the injured person or the authorised representative);
- this claim form must be completed in all its particulars;
- the road accident report, (paragraph C) below, must be completed;
- the declarations, (paragraph G) below, must be completed and signed; and
- the statutory affidavit (paragraph H) confirming that the inability to earn an income is due to injuries sustained in the road accident.

A claimant also may submit further written representations in respect of the injured person's vocational ability, although not a requirement it may assist with the assessment of the claim.

WHAT HAPPENS IF A VALID CLAIM IS NOT LODGED?

RABS can only approve a benefit if a valid claim is lodged within the period referred to above. If a valid claim is not lodged with RABS within the specified period the claim will no longer be valid and RABS will not be able to provide any long-term income support benefits.

WHERE TO GET HELP TO COMPLETE THIS CLAIM FORM:

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call. Alternatively you can attend at any of the RABS offices or customer service centres for assistance.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In

order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO LODGE YOUR CLAIM:

The RABS 4 form and required additional documentation can be lodged by –

Posting the claim to:

.....;

Faxing the claim to:

.....;

E-mailing the claim to:

.....;

Online at: www.rabs.co.za

Physically delivering the claim to any of the RABS offices or customer service centres nationally.

A. CLAIMANT DETAILS:

Name(s):

Surname (if applicable):

Identifying number:

(Tick the applicable box below)

- | | |
|---|--|
| <input type="checkbox"/> Identity number | <input type="checkbox"/> Passport number |
| <input type="checkbox"/> Drivers license | <input type="checkbox"/> Permit / Visa |
| <input type="checkbox"/> Company or Close Corporation registration number | |

Work phone no

Home phone no

Cell phone no

E-mail

Postal address

.....

.....Postal code

Home / business address

.....

.....

B. INJURED PERSON'S DETAILS (if not the claimant):

Name(s):

Surname:

Identifying number:

(Tick the applicable box below)

- | | |
|--|--|
| <input type="checkbox"/> Identity number | <input type="checkbox"/> Passport number |
| <input type="checkbox"/> Drivers license | <input type="checkbox"/> Permit / Visa |
| <input type="checkbox"/> Date of birth | |

Work phone no

Home phone no

Cell phone no

E-mail

Postal address

.....

.....Postal code

Home address

.....

.....

C. ROAD ACCIDENT REPORT:

Note: this paragraph need not be completed where a previous claim has been lodged by the claimant and where this paragraph was completed in such previous claim. Was this paragraph completed in a previous claim lodged by the claimant?

- ☐ Yes ☐ No

Date of accident:

Time of accident:

Where did the accident take place?

- City / town name:

- Street names:

.....

.....

Registration number(s) of vehicle(s) involved in the road accident:

-

-

-

-

-

-

Was the accident reported to the police? ☐ Yes ☐ No

If yes, kindly furnish the following information:

- Name of police station:

- Police reference number:

Was anyone else involved in the road accident?

☐ Yes ☐ No

Did anyone witness the road accident?

☐ Yes ☐ No

If you answered yes to either question, kindly furnish the following details in respect of such persons (if available):

1. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian☐ Motorcyclist ☐ Witness

2. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian☐ Motorcyclist ☐ Witness

3. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian☐ Motorcyclist ☐ Witness

4. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

- ☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

D. COMPENSATION / DAMAGES PAYMENTS RECEIVED:

Has the Compensation Commissioner (in terms of the Compensation for Occupational Injuries and Diseases Act, 1993) or the Compensation Board (in terms of the Defence Act, 2002) made any payment in respect of the injured person's loss of income or loss of earning capacity?

☒ Yes ☐ No

If yes, how much has been paid: R

E. EARNING SINCE ROAD ACCIDENT:

Has the injured person earned an income from employment or work since the road accident?

☒ Yes ☐ No

If yes, please furnish details of the nature of the employment or work and the income earned:

.....

F. ORDINARY PLACE OF RESIDENCE:

Is the injured person's ordinary residence situated in the Republic of South Africa?

☒ Yes ☐ No

In the three years preceding the date of the road accident, was the injured person living outside of the Republic of South Africa for a period of six months or longer during any of the three years?

☒ Yes ☐ No

Has the injured person lived outside of the Republic of South Africa for any period(s) since the road accident?

☒ Yes ☐ No

If yes, please furnish details of the nature of the stay outside of the Republic of South Africa and the dates and duration of such absences:

.....

G. STATUTORY DECLARATION BY CLAIMANT:

Kindly indicate your response to the below declarations and then sign in the space provided:

I
 (name and surname)

☐ the claimant, or

☐ the duly authorised representative of the claimant,

(indicate which)

declare as follows:

I take note that any person who provides RABS with false or misleading information *knowing it to be false or misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this claim form is, to the best of my knowledge and belief, true and correct in every respect.

I confirm that no payment has been received from anyone, other than may have been declared under paragraph D of the claim form, in respect of the benefit claimed in this claim form.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted

health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....
Full names and surname

.....
Signature of the claimant

.....
Date

H. STATUTORY AFFIDAVIT:

I,
(state full name(s) and surname of deponent)

- the injured person, with further identifying details specified in this RABS 4 Claim Form,
- the duly authorised representative of the injured person, with further identifying details specified in this RABS 4 Claim Form,

(delete the option that is not applicable)

hereby state as follows:

1. The statement in paragraph 2 below is to the best of my belief true in every respect.
2.
 - I, the injured person, confirm that my inability to perform my pre-accident occupation or work or to earn an income is due to injuries sustained in the road accident identified in paragraph C of this RABS 4 Claim Form,
 - I, the duly authorised representative of the injured person, confirm that the injured person's inability to perform my pre-accident occupation or work or to earn an income is due to injuries sustained by the

injured person in the road accident identified in paragraph C of this RABS 4 Claim Form.

(delete the option that is not applicable)

Signature of Deponent

I certify that before administering the oath / taking the affirmation I asked the Deponent the following questions and noted his / her answers in his / her presence below:

- (a) Do you know and understand the contents of the above declaration?

Answer:.....

- (b) Do you have any objection to taking the prescribed oath?

Answer:.....

- (c) Do you consider the prescribed oath to be binding on your conscience?

Answer:.....

I certify that the Deponent has acknowledged that she / he knows and understands the contents of this declaration which was sworn to /affirmed before me, and the Deponent's signature was placed thereon.

Dated at this day of 20

Justice of the Peace / Commissioner of Oaths

Full names:

Designation:

Area for which appointed:

Business address:

.....

Annexure E

RABS 5 Claim Form: Family Support Benefit

Please complete this form to make a claim for a family support benefit and be sure to attach the specified documentation.

WHAT IS FAMILY SUPPORT BENEFIT?

RABS provides a family support benefit to persons who require support due to the loss of a breadwinner in a road accident. A monthly sum is paid to the beneficiary.

The family support benefit is available from the date of death of the breadwinner for:

- children up to the age of *eighteen*;
- spouses up to the age of *sixty*, or for a period of 15 years, whichever period is the shortest; and
- other dependents for the duration of the dependency up to the age of *sixty*.

To qualify for a family support benefit the dependent making the claim must have lived in the Republic of South Africa for at least 6 months in every year of the three years immediately preceding the date of death of the breadwinner, and the continued entitlement to the family support benefit is further dependent on the beneficiary living in the Republic of South Africa for at least 6 months in every year calculated over any consecutive 3 year period from the date of death of the deceased breadwinner.

The family support benefit is based either on the:

- *average annual national income* - for those deceased breadwinners who were economically inactive or whose pre-accident income cannot be proven; or
- actual proven pre-accident income of the injured person.

The amount used by RABS to calculate the benefit may never be higher than the *pre-accident income cap*. Both the *average annual national income* and the *pre-accident income cap* are amounts determined by the

Minister of Transport and published in the Gazette, from time to time.

WHO CAN CLAIM?

The following persons may claim a family support benefit:

- a *spouse* of the deceased breadwinner;
- a *child* of the deceased breadwinner ;
- a *person who was dependent* on the deceased but not a spouse or child, e.g. a sibling, parent, grandparent, major descendant; or
- a *representative* who is claiming on behalf of a dependent.

Note that a separate claim must be lodged in respect of each individual dependent wishing to submit a claim.

WHAT OTHER DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM?

If the person making the claim is a spouse or civil union partner:

- if the claimant was a spouse or civil union partner married to the deceased breadwinner:
 - ☐ in accordance with the Marriage Act, 1996, the claimant must prove the existence of the marriage by attaching one of the below documents –
 - ✓ a *certified copy* of the marriage certificate issued in terms of the Marriage Act, 1996;
 - ✓ a *certified copy* of an unabridged marriage certificate, issued by the Director-General of Home Affairs; or
 - ✓ an *original letter* confirming the spouse's marital status based on the particular

contained in a marriage register, issued by the Director-General of Home Affairs.

- ☐ in accordance the Recognitions of Customary Marriage Act, 1998, the claimant must prove the existence of the marriage by attaching one of the below documents -

- ✓ a *certified copy* of a certificate of registration of the customary marriage issued in terms of the Recognitions of Customary Marriage Act, 1998;
- ✓ a *certified copy* of an extract from the customary Marriage register, confirming the registration of the customary marriage, issued by the Director-General of Home Affairs;
- ✓ a *certified copy* of the customary Marriage register, confirming the registration of the customary marriage, issued by the Director-General of Home Affairs; or
- ✓ providing an affidavit by a person holding a position of authority in the deceased breadwinner's community, confirming the existence of the customary marriage; **AND**
- ✓ providing an affidavit deposited to by an immediate family member of the deceased breadwinner confirming the existence of the customary marriage.

- ☐ in accordance with the Civil Union Act, 2006, the claimant must prove the existence of the marriage by attaching one of the below documents -

- ✓ a *certified copy* of the registration certificate issued in terms of the Civil Union Act, 2006;
- ✓ a *certified copy* of the unabridged civil union registration certificate, issued by the Director-General of Home Affairs;
- ✓ an *original letter* confirming the civil union, based on the particular contained in the civil union register, issued by the Director-General of Home Affairs; or
- ✓ a *certified copy* of the civil union register, issued by the Director-General of Home Affairs.

- ☐ in accordance with foreign law, the claimant shall prove the existence of the marriage by attaching the below -

- ✓ a *certified copy* of the marriage certificate issued in accordance with the applicable foreign law; **AND**

- ✓ an affidavit deposited to by an immediate family member of the deceased breadwinner confirming the existence of the marriage; **OR**

- ✓ provided that if the claimant is unable to provide a certified copy of the marriage certificate, then a further affidavit by a government official of the foreign state officially confirming the existence of the marriage, must be provided in lieu of the certified copy of the marriage certificate; **AND**

- ✓ further providing that if no immediate family member is available to depose to an affidavit, then any other person with personal knowledge of the nature of the relationship between the spouse and the deceased breadwinner may depose to an affidavit in which the existence of the marriage is confirmed.

- ☐ if the claimant is unable to comply with the above requirement and was married to the deceased breadwinner in accordance with the tenets of any religion, the claimant must prove the existence of the marriage by attaching one of the below documents -

- ✓ a *certified copy* of the certificate confirming the recognition of the marriage by the Minister of Home Affairs, issued by the Director-General of Home Affairs; or

- ✓ an affidavit by a person holding a position of authority in the religious denomination or organization, confirming the solemnizing of the marriage according to the rites of the particular religion; **AND**

- ✓ an affidavit deposited to by an immediate family member of the deceased breadwinner confirming the existence of the marriage; **OR**

- ✓ providing that if no immediate family member is available to depose to an affidavit, then any other person with personal knowledge of the nature of the relationship between the spouse and the deceased breadwinner may depose to an affidavit in which the existence of the marriage is confirmed.

- ☐ if the claimant was the partner of the deceased breadwinner in a permanent domestic life-partnership, in terms of which the claimant and the deceased breadwinner had established a contractual reciprocal duty of support, the claimant must prove the existence of the permanent domestic life partnership by attaching the below documents -

- ✓ in respect of a written agreement -
 - providing the *original contract* concluded between the spouse and the deceased breadwinner; **AND**
 - providing an affidavit by the surviving life partner confirming the life partnership; **AND**
 - providing two affidavits deposed to by immediate family members of the deceased breadwinner confirming the existence of the domestic life partnership.
- ✓ in respect of an oral agreement -
 - documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the joint household; **AND**
 - documentary proof (*certified copies*) of the financial contributions made by the deceased breadwinner to the support of any children of the surviving life partner; **AND**
 - documentary proof (*certified copies*) of the deceased breadwinner's will, insurance policies, pension fund nomination forms, and such other documents where the deceased breadwinner nominated the surviving life partner as a heir, legatee or beneficiary; **AND**
 - an affidavit by the *surviving life partner* confirming the life partnership; **AND**
 - affidavits by not less than two immediate family members of the deceased breadwinner confirming the existence of the domestic life partnership.
- the statutory affidavit (paragraph I) by the claimant confirming-
 - ☐ whether the marriage or permanent domestic life-partnership, as the case may be, was still in existence on the date of death of the deceased breadwinner;
 - ☐ the pre-accident income of the claimant; and
 - ☐ whether the claimant is employed or otherwise earning an income.
- in the event that the deceased breadwinner was earning an income, documentary proof of the deceased breadwinner's income as follows:
 - ☐ in the event that the deceased breadwinner was required to submit income tax returns in any of the three tax years immediately preceding the date of death, *certified copies* of such income tax assessments for each of the years for which an income tax return was submitted;
 - ☐ in the event that the deceased breadwinner earned more than the average national income, but was not required to submit an income tax returns in any of the three tax years preceding the date of death, any one or more of the following documents must be supplied:
 - ✓ certified copies of pay slips issued by the deceased breadwinner's employer;
 - ✓ if certified copies of pay slips are not available, the deceased breadwinner's original contract of employment or letter of appointment confirming the salary earned;
 - ✓ if the injured person's original contract of employment or letter of appointment is not available, an original IRP 5 certificate or any other original, verifiable documentation confirming the injured person's income earned, including but not limited to, order books and bank account statements; or
 - ✓ an affidavit by the person who paid the income setting out the details of the injured person's pre-accident income.
 - in the event that the claimant is earning an income, documentary proof of the claimant's income, as set out above.
 - a completed bank indemnity form (RABS 10 form), required if the person making the claim has not previously submitted the aforementioned form to RABS, or if the person's bank account details have changed.
- If the claim is made on behalf of a ***child***:
 - documentary proof of the claimant's authority to act on behalf of the child, e.g. unabridged birth certificate or appointment as curator or guardian;
 - documentary proof of the child is a child of the deceased breadwinner -
 - ☐ a *certified copy* of the unabridged birth certificate or adoption order of the child; **OR**
 - ☐ affidavits by not less than two immediate family members of the deceased breadwinner confirming the maternity or paternity of the deceased breadwinner in relation to the child, provided that any other person with personal knowledge of the facts can furnish the affidavit if no immediate family members are available to do so.

- documentary proof of the deceased breadwinner's income in the manner described above; and
- a completed bank indemnity form (RABS 10 form), required if the person making the claim has not previously submitted the aforementioned form to RABS, or if the person's bank account details have changed.

If the claimant was **dependent on the deceased breadwinner but was not a spouse or child:**

- if the claimant was a former spouse of the deceased breadwinner, providing a *certified copy* of a court order or consent paper (settlement agreement) requiring of the deceased breadwinner to pay support to the claimant; or
- if the claimant is a major descendant of the deceased breadwinner, the claimant shall prove dependency by furnishing the below documents –
 - ☐ a *certified copy* of a court order requiring of the deceased breadwinner to pay support to the major descendant; or
 - ☐ documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the major descendant, such as bank statements of the major descendant reflecting payment received from the deceased breadwinner; bank statements of the deceased breadwinner reflecting payment made in respect of items relating to the support of the major descendant; and receipts issued to the deceased breadwinner in respect of items relating to the support of the major descendant; **AND**
 - ☐ affidavits by not less than two immediate family members of the deceased breadwinner confirming the nature of the major descendant's dependency on the deceased breadwinner; provided that any other persons with personal knowledge of the facts can furnish the affidavit if no immediate family members are available to do so; **AND**
 - ☐ the statutory affidavit (paragraph I) by the major descendant confirming –
 - ✓ the nature of his / her dependency on the deceased breadwinner; and
 - ✓ whether he / she is employed or otherwise earning an income.
 - ☐ if no claim has already been submitted by a spouse, life partner or child of the deceased breadwinner, documentary proof of the deceased breadwinner's income, as set out

above.

- ☐ in the event that the major descendant is earning an income, documentary proof of the major descendant's income, as set out above.
- ☐ a completed bank indemnity form (RABS 10 form), required if the person making the claim has not previously submitted the aforementioned form to RABS, or if the person's bank account details have changed.
- if the claim is in respect of a major descendant of the deceased breadwinner, who is subject to diminished legal capacity, the claimant shall prove dependency by furnishing the below documents –
 - ☐ documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the major descendant, such as bank statements of the guardian, curator or major descendant reflecting payment received from the deceased breadwinner; bank statements of the deceased breadwinner reflecting payment made in respect of items relating to the support of the major descendant; and receipts issued to the deceased breadwinner in respect of items relating to the support of the major descendant; **AND**
 - ☐ affidavits by not less than two immediate family members of the deceased breadwinner confirming the nature of the major descendant's dependency on the deceased breadwinner; provided that any other persons with personal knowledge of the facts can furnish the affidavit if no immediate family members are available to do so; **AND**
 - ☐ the statutory affidavit (paragraph I) by the legal guardian or curator of the major descendant confirming –
 - ✓ the nature of the major descendant's diminished legal capacity;
 - ✓ the nature of the major descendant's dependency on the deceased breadwinner; and
 - ✓ whether the major descendant is employed or otherwise earning an income.
 - ☐ if no claim has already been submitted by a spouse, life partner or child of the deceased breadwinner, documentary proof of the deceased breadwinner's income, as set out above.
 - ☐ in the event that the major descendant is earning an income, documentary proof of the major descendant's income, as set out above.

- ☐ a completed bank indemnity form (RABS 10 form), required if the person making the claim has not previously submitted the aforementioned form to RABS, or if the person's bank account details have changed.
- if the claimant is the parent, grandparent, grandchild or sibling of the deceased breadwinner, as the case may be, the claimant shall prove dependency by furnishing the below documents –
 - ☐ documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to support of parent, grandparent, grandchild or sibling, such as bank statements of the parent or sibling reflecting payment received from the deceased breadwinner; bank statements of the deceased breadwinner reflecting payment made in respect of items relating to the support of the parent, grandparent, grandchild or sibling; and receipts issued to the deceased breadwinner in respect of items relating to the support of the parent, grandparent, grandchild or sibling; **AND**
 - ☐ affidavits by not less than two immediate family members of the deceased breadwinner confirming the nature of the parent, grandparent, grandchild or sibling's dependency on the deceased breadwinner, provided that any other persons with personal knowledge of the facts can furnish the affidavit if no immediate family members are available to do so; **AND**
 - ☐ the statutory affidavit (paragraph I) by the parent, grandparent, grandchild or sibling confirming –
 - ✓ the nature of his / her dependency on the deceased breadwinner; and
 - ✓ whether he / she is employed or otherwise earning an income.
- ☐ if no claim has already been submitted by a spouse, life partner or child of the deceased breadwinner, documentary proof of the deceased breadwinner's income, as set out above.
- ☐ in the event that the parent, grandparent, grandchild or sibling is earning an income, documentary proof of the parent's, grandparent's, grandchild's or sibling's income, as set out above.
- ☐ a completed bank indemnity form (RABS 10 form), required if the person making the claim has not previously submitted the aforementioned form to RABS, or if the person's bank account details have changed.
- if the claimant is any other person, the claimant shall prove dependency by furnishing the below documents –
 - ☐ documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the person, such as bank statements of the person reflecting payment received from the deceased breadwinner; bank statements of the deceased breadwinner reflecting payment made in respect of items relating to the support of the person; and receipts issued to the deceased breadwinner in respect of items relating to the support of the person; **AND**
 - ☐ affidavits by not less than two immediate family members of the deceased breadwinner confirming the nature of the person's dependency on the deceased breadwinner; provided that any other persons with personal knowledge of the facts can furnish the affidavit if no immediate family members are available to do so; **AND**
 - ☐ the statutory affidavit (paragraph I) by the person confirming –
 - ✓ the legal basis of his / her alleged entitlement to receive support from the deceased breadwinner;
 - ✓ the nature of his / her dependency on the deceased breadwinner; and
 - ✓ whether he / she is employed or otherwise earning an income.
- ☐ if no claim has already been submitted by a spouse, life partner or child of the deceased breadwinner, documentary proof of the deceased breadwinner's income, as set out above.
- ☐ in the event that the person is earning an income, documentary proof of the person's income, as set out above.
- ☐ a completed bank indemnity form (RABS 10 form), required if the person making the claim has not previously submitted the aforementioned form to RABS, or if the person's bank account details have changed.

If the claimant is acting in a **representative capacity on behalf of a dependent (other than a child dependent)**:

- documentary proof of the claimant's authority to act for the dependent - examples of such documentary proof include a copy of a special power of attorney; or a court order appointing a curator; and
- the additional documents specified above.

HOW MUCH TIME IS THERE TO CLAIM?

Subject to certain exceptions, a claim must be lodged with RABS *within 3 years* from the date of the death of the breadwinner. It is always better to lodge the claim as soon as possible.

RABS is there to assist you with your claim. Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call.

WHAT IS REQUIRED FOR A VALID CLAIM?

For the claim to be valid the following must be true:

- the documents specified above must accompany this claim form;
- a copy of the BI-1663 or DHA-1663 registration of death form in respect of the deceased breadwinner;
- this claim form must be signed by the claimant (the person lodging the claim or the authorised representative);
- this claim form must be completed in all its particulars;
- the accident report, (paragraph D) below, must be completed, if not previously completed;
- the declarations, (paragraph H) below, must be completed and signed; and
- the statutory affidavit (paragraph I) must be furnished.

WHAT HAPPENS IF A VALID CLAIM IS NOT LODGED?

RABS can only approve a family support benefit if a valid claim is lodged within the period referred to above.

If a valid claim is not lodged with RABS within the specified period the claim will no longer be valid and RABS will not be able to provide any family support benefit.

WHERE TO GET HELP TO COMPLETE THIS CLAIM FORM:

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call. Alternatively

you can attend at any of the RABS offices or customer service centres for assistance.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO LODGE YOUR CLAIM:

The RABS 5 form and required additional documentation can be lodged by –

Posting the claim to:

.....;

Faxing the claim to:

.....;

E-mailing the claim to:

.....; or

Online at: www.rabs.co.za; or

By physically delivering the claim to any of the RABS offices or customer service centres nationally.

A. CLAIMANT DETAILS:

Name(s):

Surname (if applicable):

Identifying number:

(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Company or Close Corporation registration number

Work phone no

Home phone no

Cell phone no

E-mail

Postal address

.....

.....Postal code

Home / business address

.....

.....

B. DECEASED BREADWINNER'S DETAILS:

Name(s):

Surname:

Identifying number:

(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Date of birth

Date of death:

(Attach a copy of the death certificate).

C. DEPENDENT'S DETAILS:

Name(s):

Surname :

Identifying number:

(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Company or Close Corporation registration number

Age: Sex: ☐ Male ☐ Female

Indicate relationship to deceased:

- ☐ Spouse ☐ Child (below age 18) ☐ Other

If "other", describe the nature of the dependency on the deceased:

.....

.....

.....

.....

.....

.....

.....

.....

Work phone no

Home phone no

Cell phone no

E-mail

Postal address

.....

.....Postal code

Home / business address

.....

.....

D. ROAD ACCIDENT REPORT:

Note: this paragraph need not be completed where a previous claim has been lodged by the claimant and

where this paragraph was completed in such previous claim. Was this paragraph completed in a previous claim lodged by the claimant?

☐ Yes ☐ No

Date of accident:

Time of accident:

Where did the accident take place?

- City / town name:

- Street names:

.....

.....

Registration number(s) of vehicle(s) involved in the road accident:

-;

-;

-;

-;

-;

-;

Was the accident reported to the police? ☐ Yes ☐ No

If yes, kindly furnish the following information:

- Name of police station:

- Police reference number:

Was anyone else involved in the road accident?

☐ Yes ☐ No

Did anyone witness the road accident?

☐ Yes ☐ No

If you answered yes to either question, kindly furnish the following details in respect of such persons (if available):

1. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

2. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

3. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

4. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

- ☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

E. COMPENSATION / DAMAGES PAYMENTS RECEIVED:

Has the Compensation Commissioner (in terms of the Compensation for Occupational Injuries and Diseases Act, 1993) or the Compensation Board (in terms of the Defence Act, 2002) made any payment in respect of the dependent's loss of support?

☐ Yes ☐ No

If yes, how much has been paid: R

F. EARNING SINCE ROAD ACCIDENT:

Has the dependent (other than a child dependent) earned an income from employment or work since the death of the deceased?

☐ Yes ☐ No

If yes, please furnish details of the nature of the employment or work and the income earned:

.....

G. ORDINARY PLACE OF RESIDENCE:

Is the dependent's ordinary residence situated in the Republic of South Africa?

☐ Yes ☐ No

In the three years preceding the date of the deceased's death, was the dependent living outside of the Republic of South Africa for a period of six months or longer during any of the three years?

☐ Yes ☐ No

Has the dependent lived outside of the Republic of South Africa for any period(s) since the deceased's death?

☐ Yes ☐ No

If yes, please furnish details of the nature of the stay outside of the Republic of South Africa and the dates and duration of such absences:

.....

H. STATUTORY DECLARATION BY CLAIMANT:

Kindly indicate your response to the below declarations and then sign in the space provided:

I
 (name and surname)

☐ the claimant (dependent); or

☐ the claimant (duly authorised representative of the dependent),

declare as follows:

I take note that any person who provides RABS with false or misleading information *knowing it to be false or misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this claim form and the additional documentation submitted with the claim is, to the best of my knowledge and belief, true and correct in every respect.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes

to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....
Full names and surname

.....
Signature of claimant

.....
Date

I. STATUTORY AFFIDAVIT:

I,,

(state full name(s) and surname of deponent)

in my capacity as –

(delete the options below that are not applicable, leave only the applicable option)

- (a) spouse or civil union partner or life partner;
- (b) major descendant;
- (c) representative, on behalf of a major descendant (subject to a legal disability);
- (d) parent, grandparent, grandchild or sibling;
- (e) other dependent person;

in relation to the deceased breadwinner identified in paragraph B of this RABS 5 Form, hereby state as follows:

1. All statement made in this affidavit are to the best of my belief true in every respect.
2. I confirm that -

(delete the options below that are not applicable, leave only the applicable option)

- (a) in my capacity as spouse / civil union partner / life partner, of the deceased breadwinner identified in paragraph B of this RABS 5 Form:

2.1 the marriage / permanent domestic life partnership was / was not (*delete as applicable*) in existence on the date of death of the deceased breadwinner;

2.2 I am / am not currently employed / otherwise receiving an income (*delete as applicable*); and

2.3 before the death of the deceased breadwinner I received the following income (**provide details of the amount of income received (if any) as well as the source of the income**):

.....
.....
.....
.....
.....
.....
.....

- (b) in my capacity as major descendant / representative of the major descendant (subject to a legal disability), of the deceased breadwinner identified in paragraph B of this RABS 5 Form:

2.1 the major descendant is subject to the following legal disability (**provide details of the legal disability (if any)**):

.....
.....
.....
.....
.....
.....
.....

2.2 I / the major descendant (subject to a legal disability) am / am not currently employed / otherwise receiving an income (*delete as applicable*); and

2.3 before the death of the deceased breadwinner I / the major descendant (subject to a legal disability) received the following income (provide details of the amount of income received (if any) as well as the source of the income):

.....

(c) in my capacity as parent, grandparent, grandchild or sibling, of the deceased breadwinner identified in paragraph B of this RABS 5 Form:

2.1 I am / am not currently employed / otherwise receiving an income (*delete as applicable*); and

2.2 I was dependent on the deceased breadwinner because (provide details of the nature of the dependency):

.....

(d) in my capacity as a person entitled to support from the deceased breadwinner identified in paragraph B of this RABS 5 Form:

2.1 the legal basis on which I allege that I was entitled to receive support from the deceased breadwinner is as follows (provide details):

2.2 I was dependent on the deceased breadwinner because (provide details of the nature of the dependency for support):

.....

2.3 I am / am not currently employed / otherwise receiving an income (*delete as applicable*).

.....
 Signature of Deponent

I certify that before administering the oath / taking the affirmation I asked the Deponent the following questions and noted his / her answers in his / her presence below:

- (a) Do you know and understand the contents of the above declaration?

Answer:.....

- (b) Do you have any objection to taking the prescribed oath?

Answer:.....

- (c) Do you consider the prescribed oath to be binding on your conscience?

Answer:.....

I certify that the Deponent has acknowledged that she / he knows and understands the contents of this declaration which was sworn to /affirmed before me, and the Deponent's signature was placed thereon.

Dated at this day of 20

Justice of the Peace / Commissioner of Oaths

Full names:

Designation:

Area for which appointed:

Business address:

.....

Annexure F

RABS 6 Claim Form: Funeral Benefit

Please complete this form to make a claim for a funeral benefit and be sure to attach the specified documentation.

WHAT IS A FUNERAL BENEFIT?

RABS provides a prescribed fixed, lump sum (once off), payment to the immediate family of a person killed as a result of a road accident, to assist the immediate family to pay for the burial or cremation of their loved one. An immediate family member, in relation to the deceased, is defined as a spouse, grandchild or child above the age of *eighteen*, sibling, parent or grandparent.

In the event that the immediate family of the deceased do not submit a claim, RABS will accept a claim by any other person who paid for the funeral expenses. This person is however required to submit a detailed invoice reflecting the expenses incurred. RABS will pay only those funeral expenses that are considered reasonable. RABS will pay a lump-sum (once off) funeral benefit, up to the prescribed maximum amount

The prescribed maximum amount is determined by the Minister of Transport and published in the Gazette, from time to time.

WHO CAN CLAIM?

The following persons may claim a funeral benefit:

- a person who is an *immediate family member* of the deceased; or
- *funeral parlour or any other person* who paid for the funeral expenses.

Please phone one of the RABS consultants at 0800...RABS should you require more information or assistance. It is a free call.

WHAT OTHER DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM?

If the person making the claim is an *immediate family member*:

- the statutory affidavit (paragraph E) must be furnished to confirm that the claimant is a spouse, grandchild or child above the age of *eighteen*, sibling, parent or grand parent of the deceased;

- documentary proof of the identity of the claimant –

- ☐ if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:

- ✓ identity document;
- ✓ valid passport;
- ✓ valid driver's license; or
- ✓ birth certificate.

- ☐ if the claimant is *not* a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:

- ✓ foreign passport;
- ✓ birth certificate issued by the country of origin;
- ✓ valid international driver's license;
- ✓ any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or
- ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.

- a copy of the BI-1663 or DHA-1663 registration of death form in respect of the deceased breadwinner;

- if the registration of death form does not confirm the cause of death as being a road accident the claimant must submit verifiable documentary proof confirming that the road accident was the cause of death;
- a completed bank indemnity form (RABS 10 form), required if the person making the claim has not previously submitted the aforementioned form to RABS, or if the person's bank account details have changed.

If the person making the claim is the **funeral parlour / another person funeral parlour:**

- documentary proof of the identity of the claimant –
 - ☐ if the claimant is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ identity document;
 - ✓ valid passport;
 - ✓ valid driver's license; or
 - ✓ birth certificate.
 - ☐ if the claimant is *not* a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ foreign passport;
 - ✓ birth certificate issued by the country of origin;
 - ✓ valid international driver's license;
 - ✓ any valid permit or visa issued to the claimant in terms of the Immigration Act, 2002; or
 - ✓ an asylum seeker permit or identity document issued to the claimant in terms of the Refugees Act, 1998.
 - ☐ if the person making the claim is a business entity, a *certified copy* of one of the following applicable documents, as the case may be –
 - ✓ a company must submit a registration certificate;
 - ✓ foreign companies must submit the applicable official document of incorporation;
 - ✓ trusts must submit a trust deed;
 - ✓ close corporations must submit a founding statement or amended founding statement, if applicable;
 - ✓ partnerships must submit a partnership agreement; or
 - ✓ other entities must submit the document that establishes the entity.

- the original, detailed invoice, reflecting the following

minimum information:

- ☐ the name of the claimant;
- ☐ the name of the funeral parlour;
- ☐ contact details of the funeral parlour;
- ☐ the name and surname of the deceased;
- ☐ the date of the funeral service;
- ☐ itemised details of the goods and services invoiced for; and
- ☐ the amounts claimed per item.

- a *certified copy* of the BI-1663 or DHA-1663 registration of death form;
- if registration of death form does not confirm the cause of death as being a road accident, the claimant must submit verifiable documentary proof confirming that the road accident was the cause of death; and
- a completed bank indemnity form (RABS 10 form), required if the person making the claim has not previously submitted the aforementioned form to RABS, or if the person's bank account details have changed.

HOW MUCH TIME IS THERE TO CLAIM?

Subject to certain exceptions, a claim must be lodged with RABS *within 3 years* from the date of death of the deceased. It is always better to lodge the claim as soon as possible.

RABS is there to assist you with your claim. Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call.

WHAT IS REQUIRED FOR A VALID CLAIM?

For the claim to be valid the following must be true:

- the documents specified above must accompany this claim form;
- this claim form must be signed by the claimant (the person lodging the claim);
- this claim form must be completed in all its particulars;
- the road accident report, (paragraph C) below, must be completed, if not previously completed;
- the declarations, (paragraph D) below, must be completed and signed; and
- the statutory affidavit (paragraph E), if the claimant is an immediate family member of the deceased.

WHAT HAPPENS IF A VALID CLAIM IS NOT LODGED?

RABS can only approve a benefit if a valid claim is lodged within the period referred to above. If a valid claim is

not lodged with RABS within the specified period the claim will no longer be valid and RABS will not be able to provide a funeral benefit.

WHERE TO GET HELP TO COMPLETE THIS CLAIM FORM:

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call. Alternatively you can attend at any of the RABS offices or customer service centres for assistance.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO LODGE YOUR CLAIM:

The RABS 6 form and required additional documentation can be lodged by –

Posting the claim to:

.....;

Faxing the claim to:

.....;

E-mailing the claim to:

.....; or

Online at: www.rabs.co.za; or

By physically delivering the claim to any of the RABS offices or customer service centres nationally.

A. CLAIMANT DETAILS:

Name(s):

Surname (if applicable):

Identifying number:

(Tick the applicable box below)

- | | |
|---|--|
| <input type="checkbox"/> Identity number | <input type="checkbox"/> Passport number |
| <input type="checkbox"/> Drivers license | <input type="checkbox"/> Permit / Visa |
| <input type="checkbox"/> Company or Close Corporation registration number | |

Indicate relationship to deceased:

- ☐ Spouse ☐ Parent ☐ Sibling
- ☐ Grandchild or Child (eighteen years or older)
- ☒ Grandparent ☐ Other

If "other", describe the nature of the relationship to the deceased and the basis of this claim:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Work phone no

Home phone no

Cell phone no

E-mail

Postal address

.....

.....Postal code

Home / business address

.....

.....

.....

B. DECEASED'S DETAILS:

Name(s):

Surname:

Identifying number:

(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visum
☐ Date of birth

Date of death:

(Attach a copy of the death certificate).

Age: Sex: ☐ Male ☐ Female

C. ROAD ACCIDENT REPORT:

Note: this paragraph need not be completed where a previous claim has been lodged by the claimant and where this paragraph was completed in such previous claim. Was this paragraph completed in a previous claim lodged by the claimant?

☐ Yes ☐ No

Date of accident:

Time of accident:

Where did the accident take place?

- City / town name:

- Street names:

.....

.....

Registration number(s) of vehicle(s) involved in the road accident:

-

-

-

-

-

-

Was the accident reported to the police? ☐ Yes ☐ No

If yes, kindly furnish the following information:

- Name of police station:

- Police reference number:

Was anyone else involved in the road accident?

- ☐ Yes ☐ No

Did anyone witness the road accident?

☐ Yes ☐ No

If you answered yes to either question, kindly furnish the following details in respect of such persons (if available):

1. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

- ☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

2. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

3. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

4. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

D. STATUTORY DECLARATION BY CLAIMANT:

The statutory affidavit must be provided where the claimant

I
 (name and surname)

☐ the claimant, or

☐ the duly authorised representative of the claimant,
 (indicate which)

declare as follows:

I take note that any person who provides RABS with false or misleading information *knowing it to be false or misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this claim form is, to the best of my knowledge and belief, true and correct in every respect.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....
 Full names and surname

.....
 Signature of the claimant

.....
 Date

E. STATUTORY AFFIDAVIT:

This statutory affidavit must be provided in the event that the claimant is an immediate family member of the deceased.

I

(state full name(s) and surname of deponent)

hereby state as follows:

1. The statement in paragraph 2 and 3 below is to the best of my belief true in every respect.
2. I am an immediate family member of the deceased identified in paragraph B of this RABS 6 Claim Form.
3. I am a spouse / parent / sibling / child / grandparent **(circle the applicable option)** of the deceased identified in paragraph B of this RABS 6 Claim Form.

.....

Signature of Deponent

I certify that before administering the oath / taking the affirmation I asked the Deponent the following questions and noted his / her answers in his / her presence below:

- (a) Do you know and understand the contents of the above declaration?

Answer:.....

- (b) Do you have any objection to taking the prescribed oath?

Answer:.....

- (c) Do you consider the prescribed oath to be binding on your conscience?

Answer:.....

I certify that the Deponent has acknowledged that she / he knows and understands the contents of this declaration which was sworn to /affirmed before me, and the Deponent's signature was placed thereon.

Dated at this day of 20

Justice of the Peace / Commissioner of Oaths

Full names:

Designation:

Area for which appointed:

Business address:

.....

Annexure G

RABS 7: Incapacity Certificate

This certificate must be completed by a medical practitioner and submitted to RABS when a claim is made for a temporary income-support benefit.

WHAT IS THE PURPOSE OF THIS CERTIFICATE?

This Incapacity Certificate is used by RABS, firstly as part of the assessment conducted to determine whether a person injured in a road accident is entitled to claim a temporary income support benefit, and secondly to assess the period for which the injured person qualifies for the temporary income support benefit.

WHEN MUST THIS CERTIFICATE BE SUBMITTED?

Subject to certain exceptions, a *complete* claim for a temporary income support benefit must be lodged with RABS *within 3 years* from the date of the road accident.

A claim is considered complete if the claim is lodged on the correct claim form (RABS 3), and if the claim is accompanied by all of the required documents specified in the RABS rules. This Incapacity Certificate is one such required document.

Therefore, this Incapacity Certificate must be submitted to RABS no later than the period specified above.

It is always better to lodge the claim as soon as possible.

WHAT HAPPENS IF THIS CERTIFICATE IS NOT LODGED WITH RABS?

RABS can only approve a benefit if a valid claim is lodged within the period referred to above. If a valid claim is not lodged with RABS within the specified period the claim will no longer be valid and RABS will not be able to provide a temporary income-support benefit.

WHO MUST SUBMIT THIS CERTIFICATE?

This Incapacity Certificate may be submitted by a claimant or by the medical practitioner who completed it.

The Incapacity Certificate must be completed by the medical practitioner who assessed the injured person.

WHERE TO GET HELP TO COMPLETE THIS CERTIFICATE?

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to

process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO LODGE THIS CERTIFICATE WITH RABS:

The Incapacity Certificate can be lodged by –

Posting it to:

.....;

Faxing it to:

.....;

E-mailing it to:

.....;

Online at: www.rabs.gov.za; or

By physically delivering the Incapacity Certificate to any of the RABS offices or customer service centres nationally.

A. RABS CLAIM NUMBER:

RABS claim number:
(If known)

B. INJURED PERSON'S DETAILS:

Name(s):

Surname:

Identifying number:
(Tick the applicable box below)

- | | |
|--|--|
| <input type="checkbox"/> Identity number | <input type="checkbox"/> Passport number |
| <input type="checkbox"/> Drivers license | <input type="checkbox"/> Permit / Visa |

Date of birth:

Sex ☐ Male ☐ Female

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

Home / business address:

.....

.....

Language spoken:

C. MEDICAL PRACTITIONER DETAILS:

Name(s):

Surname:

Practice number:

Work phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

D. CURRENT CLINICAL DIAGNOSIS:

Date of road accident:

Date of examination / interview:

Was the injured person physically examined?

Yes ☐ No ☐

If yes, indicate what *road accident related* injuries the injured person sustained (include ICD 10 codes, where applicable):

.....

.....

.....

.....

Confirm whether the injured person had any *pre-accident injury, illness or condition* that could impact on the treatment or recovery from, the injuries sustained in the road accident:

E. CAPACITY TO WORK:

Is the injured person's ability to perform his / her pre-accident occupation or work affected by the *road accident related* injuries? ☐ Yes ☐ No

If yes, please comment on the injured person's work restrictions, work capacity, need for support services and expected return to work:

The injured person is / was unfit for work:

- from:

- to:

F. MEDICAL PRACTITIONER DECLARATION:

.....
(full names and surname)

declare as follows:

I take note that any person who provides RABS with false or misleading information *knowing it to be false*

or *misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this Incapacity Certificate is, to the best of my knowledge and belief, true and correct in every respect.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....
Full names and surname

.....
Signature of medical practitioner

.....
Date

Practice Stamp

Annexure H

RABS 8: Notice of Appeal

Please complete and submit this notice to RABS if you wish to lodge an appeal against a decision.

WHAT IS THE PURPOSE OF THIS NOTIFICATION?

The lodgement of a RABS 8 (Notice) provides you with the opportunity to have RABS reconsider a decision it has taken, which decision you are unsatisfied with, with regards to your claim or your benefits, or failure by RABS to accept or reject your claim within 180 days from the date that the claim was lodged.

The lodgement of the Notice allows you to:

- furnish details of the RABS decision you are not satisfied with;
- motivate why you are unsatisfied with the decision;
- submit further documentation; and
- furnish details of the information you wish to be considered.

WHEN MUST THE NOTICE BE LODGED?

You must lodge the Notice within 30 days of being notified of the RABS decision that you are appealing against; or within 30 days of the expiry of the 180 day period within which RABS is required to accept or reject the claim.

WHAT HAPPENS WHEN YOUR NOTICE OF APPEAL IS RECEIVED?

Your Notice will be referred to one of the RABS dedicated internal appeal bodies for consideration. These appeal bodies each consist of three RABS officers specifically authorised to consider appeals.

The appeal body decides appeals on the available documentation, including your Notice and any additional documentation submitted with your Notice. No other written or oral arguments are considered and no witnesses appear before the appeal body. You will therefore not be called to a hearing.

The appeal body will review the matter and may:

- confirm or reverse the decision you are appealing against;
- replace the decision with another decision; or
- refer the issue raised in your Notice to a medical or other expert for final determination.

The outcome of the appeal will be communicated to you, in writing, with reasons, within 180 days from the date of lodgement of the Notice, or within 30 days if the appeal pertains to a failure by RABS to accept or reject your claim within 180 days from the date that the claim was lodged.

WHAT IF YOU ARE UNSATISFIED WITH THE OUTCOME OF THE APPEAL?

The decision by the appeal body is final.

However, you may now approach a court for a review of the appeal body's decision in terms of the Promotion of Administrative Justice Act, 2000 (Act 3 of 2000).

WHO MUST SUBMIT THIS NOTICE?

This Notice must be submitted by the claimant or beneficiary who is impacted by decision being appealed against, or his or her authorised representative.

WHERE TO GET HELP TO COMPLETE THIS NOTICE?

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and

maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO LODGE THIS NOTICE WITH RABS:

The Notice can be lodged by –

Posting it to:

.....;

Faxing it to:

.....;

E-mailing it to:

.....;

Online at: www.rabs.co.za; or

By physically delivering the Notice of Appeal to any of the RABS offices or customer service centres nationally.

A. RABS CLAIM NUMBER:

RABS claim number:

B. DETAILS OF PERSON LODGING THE APPEAL:

Name(s):

Surname (if applicable):

Identifying number:

(Tick the applicable box below)

- | | |
|---|--|
| <input type="checkbox"/> Identity number | <input type="checkbox"/> Passport number |
| <input type="checkbox"/> Drivers license | <input type="checkbox"/> Permit / Visa |
| <input type="checkbox"/> Company or Close Corporation registration number | |

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

Home / business address:

.....

.....

Language spoken:

C. DETAILS OF DECISION TO BE REVIEWED:

Is this appeal lodged because RABS has failed to accept or reject your claim within 180 days from the date that the claim was lodged? ☐ Yes ☐ No

If not, please furnish details of the RABS decision you want reviewed:

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D. MOTIVATION FOR A REVISED DECISION:

Please motivate why, in your view, the decision by RABS is incorrect and specify what specific information must be considered:

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E. ADDITIONAL DOCUMENTATION:

Please list the additional documents submitted with this Notice of Appeal (if any):

1.
2.
3.
4.
5.
6.

F. DECLARATION:

Kindly indicate your response to the below declarations and then sign in the space provided:

I
(full names and surname)

☐ the person lodging the appeal, or

☐ the duly authorised representative of the person lodging the appeal,
(indicate which)

declare as follows:

I take note that any person who provides RABS with false or misleading information *knowing it to be false or misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this Notice of Appeal (and the additional documents listed in paragraph E) is, to the best of my knowledge and belief, true and correct in every respect.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....
Full names and surname

.....
Signature

.....
Date

Annexure I

RABS 9: Pre-Authorisation Request

Please complete this form to request pre-authorisation of a health care service.

WHAT IS PRE-AUTHORISATION?

The pre-authorisation process allows RABS to evaluate the medical necessity and appropriateness of certain health care services, in accordance with RABS rules and policies, before the health care service is provided to the injured person, to ensure that such health care service benefits are provided and managed by RABS in an appropriate and effective manner that also ensures value for money.

WHEN IS PRE-AUTHORISATION REQUIRED?

Unless it is an emergency situation, it is a requirement that pre-authorisation is obtained from RABS in respect of the following health care services:

- pre-hospital care and inter-facility transfer;
- hospitalisation and outpatient services;
- inter-facility transport and other transport and accommodation necessary to receive any health care service;
- rehabilitative care;
- vocational ability assessment and training;
- long-term personal care;
- assistive devices; and
- structural changes to homes, vehicles and the workplace.

RABS may develop policies pertaining to pre-authorisation of any of the above health care services.

WHEN IS PRE-AUTHORISATION NOT REQUIRED?

Pre-authorisation is not required if:

- the health care service is urgently required, in an emergency situation, in order to preserve the injured person's life or bodily functions, or if treatment cannot be delayed; or

- in the opinion of a medical practitioner, who has personally examined the injured person, the injured person's medical condition, would subject the injured person to severe pain that cannot be adequately managed without immediate medical intervention.

However, once the injured person is admitted to hospital, pre-authorisation must be obtained within 72 hours of admission, in respect of medical health care services that will be provided after the 72 hour period.

Additionally, no pre-authorisation is required in respect of any health care service provided to the injured person in accordance with an individual treatment and rehabilitation plan, or vocational training program, which has been determined in accordance with the Act.

WHO MAY APPLY FOR PRE-AUTHORISATION?

The following persons may apply for the pre-authorisation of a health care service:

- the *health care service provider* that will be providing the health care service to the injured person;
- the *injured person* who will be receiving the health care service; or
- a *representative* of the injured person.

WHAT HAPPENS IF PRIOR PRE-AUTHORISATION IS NOT OBTAINED?

RABS will not pay a health care benefit if prior pre-authorisation was required but not requested and approved.

ADDITIONAL DOCUMENTATION:

Please attach a treatment plan or written motivation, as the case may be, and a *detailed quotation* specifying all relevant diagnosis (ICD 10) and procedural (CPT / CCSA) and NAPPI / SAOPA codes.

Note that RABS may request additional information or documentation in order to consider the request for pre-authorisation.

WHERE TO GET HELP TO COMPLETE THIS PRE-AUTHORISATION REQUEST:

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call. Alternatively you can attend at any of the RABS offices or customer service centres for assistance.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO REQUEST PRE-AUTHORISATION:

The Pre-Authorisation Request and any additional written motivations, clinical and other reports must be

sent to RABS, not less than 72 hours before the health care service is required, to:

E-mail to:

Fax to:; or

Online at: www.rabs.co.za

By physically delivering the Accident Report to any of the RABS offices or customer service centres nationally.

A. RABS NUMBERS:

RABS claim number:
(If known)

Date of accident:

B. INJURED PERSON'S DETAILS:

Name(s):

Surname:

Sex: ☐ Male ☐ Female

Date of birth:

Identifying number:
(Tick the applicable box below)

☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Date of birth

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Language spoken:

C. HEALTH CARE SERVICE PROVIDER DETAILS:

Name(s):

Surname (if applicable):

Identifying number:

(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Company or Close Corporation registration number

Practice number (if applicable):

Business phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

Business address:

.....

.....

D. HEALTH CARE SERVICE(S) DETAILS:

The injured person sustained the following injuries in the road accident (please specify ICD 10 codes where applicable):

.....

.....

.....

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.....

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.....

This Request for Pre-Authorisation is made in respect of the following health care service(s) to be provided to the injured person in respect of the above accident related injuries, more fully described in the attached quotation (please specify procedural codes (CPT / CCSA / NAPPI / SAOPA where applicable):

E. STATUTORY DECLARATION:

Kindly indicate your response to the below declarations and then sign in the space provided:

I
 (full names and surname)

- ☐ the injured person,
☐ the representative of the injured person,
☐ the health care service provider, or
☐ the duly authorised representative of the health care service provider,

(indicate which)

declare as follows:

I take note that any person who provides RABS with false or misleading information *knowing it to be false or misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this Request for Pre-Authorisation, treatment plan or written motivation and quotation is, to the best of my knowledge and belief, true and correct in every respect.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information

may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....
Full names and surname

.....
Signature

.....
Date

Annexure J

RABS 10: Bank Indemnity Form

Please complete this form if you are claiming payment of a benefit.

WHAT IS THE BANK INDEMNITY FORM USED FOR?

If a claim for a benefit is approved by RABS the payment will be made into the bank account which is designated in this Bank Indemnity Form.

To ensure that the bank account is that of the claimant or beneficiary, as the case may be, RABS requires that the banking institution with which the account is held verifies the banking details of the account holder.

This Bank Indemnity Form also serves as an indemnity in favour of RABS against claims based on payments that were made into a wrong account.

A claimant or beneficiary, as the case may be, who changes his or her bank account must notify RABS of the change and submit a new Bank Indemnity Form. To allow RABS time to make the necessary changes you must ensure that the new Bank Indemnity Form is lodged with RABS not less than 14 days before the next payment date.

WHERE TO GET HELP TO COMPLETE THIS FORM:

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call.

Alternatively you can attend at any of the RABS offices or customer service centres for assistance.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and

effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO LODGE THE FORM:

This Bank Indemnity Form must be submitted along with the relevant claim form or at any time thereafter if the bank account details of the claimant or beneficiary, as the case may be, change.

The Bank Indemnity Form can be lodged by –

Posting it to:

.....;

Faxing it to:

.....;

E-mailing it to:

.....;

Online at: www.rabs.co.za; or

By physically delivering the Bank Indemnity Form to any of the RABS offices or customer service centres nationally.

A. CLAIMANT / BENEFICIARY DETAILS:

Name(s):

Surname (if applicable):

Identifying number:

(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Company / CC registration number

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

Home / business address:

.....

.....

Language spoken:

B. ACCOUNT DETAILS:

Bank:

Branch name:

Branch code:

Account holder:

(The account holder must be the individual / entity whose details appear in paragraph A).

Account type (please indicate):

- ☐ Savings ☐ Current
☐ Cheque ☐ Transmission
☐ Trust account

Account number:

(Please write legibly)

C. BANK OFFICIAL DETAILS AND DECLARATION:

Please complete and sign.

Name(s):

Surname:

Work phone no:

E-mail:

I take note that any person who provides RABS with false or misleading information *knowing it to be false or misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the bank account details in paragraph B have been verified by me and that:

- the bank account details are correct;
- that the account is active; and
- that the account holder is the individual / entity whose details appear in paragraph A.

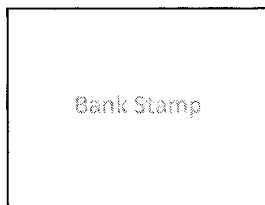
I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....

Signature

.....
Date



I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....
Full names and surname

.....
Signature

.....
Date

**D. DECLARATION BY CLAIMANT /
BENEFICIARY:**

Kindly indicate your response to the below declarations and then sign in the space provided:

I
(full names and surname)

- ☐ the claimant,
- ☐ the beneficiary,
- ☐ the duly authorised representative of the claimant / beneficiary,

declare as follows:

I take note that any person who provides RABS with false or misleading information *knowing it to be false or misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this Bank Indemnity Form is, to the best of my knowledge and belief, true and correct in every respect.

I indemnify the Road Accident Benefit Scheme from any and all claims arising from payment made into the bank account with details specified in paragraph B.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

RABS 11: Vocational Ability Assessment

This form must be completed by a relevant medical expert and submitted to RABS when a claim is made for a long-term income support benefit.

WHAT IS THE PURPOSE OF THIS ASSESSMENT?

This Vocational Ability Assessment is used by RABS, firstly as part of the assessment conducted to determine whether a person injured in a road accident is entitled to claim a long-term income support benefit, and secondly to assess the period for which the injured person qualifies for the long-term income support benefit.

WHEN MUST THIS ASSESSMENT BE SUBMITTED?

Subject to certain exceptions, a *complete* claim for a long-term income support benefit must be lodged with RABS *within 5 years* from the date of the road accident.

A claim is considered complete if the claim is lodged on the correct claim form (RABS 4), and if the claim is accompanied by all of the required documents specified in the RABS rules. This Vocational Ability Assessment is one such required document.

Therefore, this Vocational Ability Assessment must be submitted to RABS no later than the period specified above.

It is always better to lodge the claim as soon as possible. However, the right to claim a long-term income support benefit only arises 2 years after the road accident. A claimant can claim a temporary income-support benefit for the initial two year period.

WHAT HAPPENS IF THIS ASSESSMENT IS NOT LODGED WITH RABS?

RABS can only approve a benefit if a valid claim is lodged within the period referred to above. If a valid claim is not lodged with RABS within the specified period the

claim will no longer be valid and RABS will not be able to provide a long-term income-support benefit.

WHO MUST SUBMIT THIS ASSESSMENT?

This Vocational Ability Assessment may be submitted by a claimant or by the relevant medical expert who completes it.

WHERE TO GET HELP TO COMPLETE THIS ASSESSMENT?

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to

process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO LODGE THIS ASSESSMENT WITH RABS:

The Vocational Ability Assessment can be lodged by –

Posting it to:

.....;

Faxing it to:

.....;

E-mailing it to:

.....;

Online at: www.rabs...; or

By physically delivering the Vocational Ability Assessment to any of the RABS offices or customer service centres nationally.

A. RABS CLAIM NUMBER:

RABS claim number:
(If known)

B. INJURED PERSON'S DETAILS:

Name(s):

Surname:

Identifying number:
(Tick the applicable box below)

- | | |
|--|--|
| <input type="checkbox"/> Identity number | <input type="checkbox"/> Passport number |
| <input type="checkbox"/> Drivers license | <input type="checkbox"/> Permit / Visa |

Date of birth:

Sex ☐ Male ☐ Female

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

Home / business address:

.....

.....

Language spoken:

C. MEDICAL EXPERT DETAILS:

Name(s):

Surname:

Practice number:

Medical speciality:

Work phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

D. CURRENT CLINICAL DIAGNOSIS:

Date of road accident:

Date of examination:

The injured person furnished the following medical history pertaining to the injuries sustained in the road accident:

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(Please attach medical and other reports referred to, to substantiate the above diagnosis).

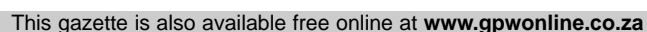
E. VOCATIONAL DISABILITY:

Having regard to the injured person's age, qualifications, training, skills and experience, is the injured person's ability to earn an income materially and detrimentally affected by the injuries sustained in the *road accident related*? ☐ Yes ☐ No

If yes, please comment on the injured person's work restrictions, vocational disability and the range of occupations or paid work which the injured person can still perform, if any:

The injured person furnished the following vocational history:

The injured person was assessed and the following diagnosis of the injury is made:



NOTICE – CHANGE OF TELEPHONE NUMBERS: GOVERNMENT PRINTING WORKS

As the mandated government security printer, providing world class security products and services, Government Printing Works has adopted some of the highly innovative technologies to best serve its customers and stakeholders. In line with this task, Government Printing Works has implemented a new telephony system to ensure most effective communication and accessibility. As a result of this development, our telephone numbers will change with effect from 3 February 2014, starting with the Pretoria offices.

The new numbers are as follows:

- Switchboard : 012 748 6001/6002
- Advertising : 012 748 6205/6206/6207/6208/6209/6210/6211/6212
- Publications Enquiries : 012 748 6052/6053/6058 GeneralEnquiries@gpw.gov.za
 - Maps : 012 748 6061/6065 BookShop@gpw.gov.za
 - Debtors : 012 748 6060/6056/6064 PublicationsDebtors@gpw.gov.za
 - Subscription : 012 748 6054/6055/6057 Subscriptions@gpw.gov.za
- SCM : 012 748 6380/6373/6218
- Debtors : 012 748 6236/6242
- Creditors : 012 748 6246/6274

Please consult our website at www.gpwonline.co.za for more contact details.

The numbers for our provincial offices in Polokwane, East London and Mmabatho will not change at this stage.

Printed by and obtainable from the Government Printer, Bosman Street, Private Bag X85, Pretoria, 0001

Publications: Tel: (012) 748 6052, 748 6053, 748 6058

Advertisements: Tel: (012) 748 6205, 748 6208, 748 6209, 748 6210, 748 6211

Subscriptions: Tel: (012) 748 6054, 748 6055, 748 6057

Gedruk deur en verkrygbaar by die Staatsdrukker, Bosmanstraat, Privaatsak X85, Pretoria, 0001

Publikasies: Tel: (012) 748 6052, 748 6053, 748 6058

Advertensies: Tel: (012) 748 6205, 748 6208, 748 6209, 748 6210, 748 6211

Subskripsies: Tel: (012) 748 6054, 748 6055, 748 6057