



GOVERNMENT GAZETTE

OF THE

REPUBLIC OF NAMIBIA

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CONTENTS

	<i>Page</i>
GOVERNMENT NOTICE	
No. 103 Commencement of Motor Vehicle Accident Fund Act, 2007	1
No. 104 Motor Vehicle Accident Fund Regulations: Motor Vehicle Accident Fund Act, 2007 ...	2

Government Notice

MINISTRY OF WORKS AND TRANSPORT

No. 103 2008

COMMENCEMENT OF MOTOR VEHICLE ACCIDENT FUND ACT, 2007

Under section 38 of the Motor Vehicle Accident Fund Act, 2007 (Act No. 10 of 2007), I determine that that Act commences on the date of publication of this notice in the *Gazette*.

H. ANGULA
MINISTER OF WORKS AND TRANSPORT

Windhoek, 21 April 2008

MINISTRY OF WORKS AND TRANSPORT

No. 104

2008

**MOTOR VEHICLE ACCIDENT FUND REGULATIONS:
MOTOR VEHICLE ACCIDENT FUND ACT, 2007**

The Minister of Works and Transport, on the recommendation of the Board of the Motor Vehicle Accident Fund, under section 35 of the Motor Vehicle Accident Fund Act, 2007 (Act No. 10 of 2007), has –

- (a) made the regulations set out in the Schedule; and
- (b) repealed Government Notice Nos. 208 of 8 October 2001 and 5 of 2 January 2003.

H. ANGULA**MINISTER OF WORKS AND TRANSPORT**

Windhoek, 21 April 2008

SCHEDULE**ARRANGEMENT OF REGULATIONS**

- 1. Definitions
- 2. Procedure for making claims
- 3. Claim by service provider
- 4. Delivery of documents
- 5. Notice by driver or owner
- 6. Determination to ward benefits
- 7. Injury Grant
- 8. Medical costs
- 9. Reports
 - Annexure A: Forms
 - Annexure B: Compensation for Injury Guide

Definitions

1. In these regulations a word or expression defined in the Act has that meaning, and unless the context otherwise indicates –

“authorised agent” means a person who has been duly authorized by the Fund in terms of an agency agreement to provide services on behalf of the Fund;

“the Act” means the Motor Vehicle Accident Fund Act, 2007 (Act No. 10 of 2007).

Procedure for making claims

2. (1) A person who wants to claim benefits under section 28 of the Act must complete form MVAF 1 and submit it to the Fund in accordance with that section.

(2) A claim under subregulation (1) must be accompanied by the documents and information stipulated in the claim form.

(3) Where the claimant, on account of injury or other incapacity, is unable to complete the claim form, it may be completed –

- (a) in the case of a minor, by his or her legal guardian; or
 - (b) in the case of a person for whom a *curator* has been appointed, by the *curator* of such person.
- (4) A claim under subregulation (1) must be accompanied by a police report on form MVAF 1, and that report must –
- (a) be completed by the police officer or the official of the Fund, who attended the scene of the motor vehicle accident; or
 - (b) be completed by the investigating officer who investigated the case;
 - (c) if the officials referred to in paragraph (a) and (b) fail to complete the report within a reasonable time after being requested, and it appears that the claim may become prescribed in terms of the Act, be completed by a police officer who has acquainted himself or herself with the contents of the docket.
- (5) A claim under subregulation (1) must be accompanied by a medical report on form MVAF 1, and that report must –
- (a) be completed by the medical practitioner who treated the injured person or the deceased for the injuries which gave rise to the claim;
 - (b) be completed by –
 - (i) the medical superintendent or a representative of the medical superintendent; or
 - (ii) a person in charge of the hospital or health facility where the injured or deceased was treated for the injuries which gave rise to the claim;
 - (c) be completed by a medical practitioner who has acquainted himself or herself with the cause of death or the nature of the injuries and the treatment or other medical services given to the deceased or injured person, if the medical practitioner referred to in paragraph (a) or the medical superintendent or the other person referred to in paragraph (b) fails to complete the report within a reasonable time after being requested and it appears that the claim may become prescribed in terms of the Act.
- (6) Where a person in relation to whom a claim is made under the Act died prior to receiving treatment, the claimant is not obliged to produce the medical report referred to in subregulation (2), but the claim must be accompanied by –
- (a) a copy of the inquest proceedings, if an inquest was held;
 - (b) a copy of the charge sheet pertaining to the motor vehicle accident, if any person was charged in respect of the accident; and
 - (c) any other information which the Fund considers relevant to the cause of death.

(7) The Fund is not liable to reimburse the costs of a report commissioned by a claimant and compiled by an expert for the purposes of substantiating a claim, unless the claimant has prior approval of the Fund, in which case the Fund must reimburse the costs involved in accordance with a tariff communicated to the claimant prior to commissioning the report.

- (8) On receipt of a claim made under this regulation, the Fund may –
- (a) allow the claim, and in writing inform the claimant or the person referred to in subregulation (3) of its decision;
 - (b) allow part of the claim, and in writing inform the claimant or the person referred to in subregulation (3) of its decision; or
 - (c) repudiate the claim, and in writing inform the claimant or the person referred to in subregulation (3) of its decision and the reasons for the decision.

Claim by service provider

3. A person or entity claiming payment for goods or services provided to a person entitled to benefits in terms section 24(3) of the Act, must do so by submitting a duly completed form MVAF 2 with such supporting documentation as is required in terms thereof.

Delivery of documents

4. (1) Whenever a document requires delivery in terms of these regulations, it must be delivered by registered mail, electronic mail or facsimile or to the recipient personally by a staff member of the Fund or authorised agent.

(2) Whenever a document, other than a claim form with the attachments thereto, requires submission to the Fund or authorised agent in terms of these regulations, it must be delivered by registered mail, electronic mail or facsimile or delivered by hand at the Head Office or branch office of the Fund or authorised agent's office.

(3) Whenever a claim form, together with the attachments thereto, requires submission to the Fund or its duly authorised agent in terms of these regulations it must be delivered by registered mail or hand delivered at the Head Office or branch office of the Fund or authorised agent's office.

Notice of accident by driver or owner

5. Whenever a driver or owner notifies the Fund of a motor vehicle accident in accordance with section 30 of the Act, he or she must do so by duly completing a notice of accident on form MVAF 3 and deliver it to the Fund.

Determination to award benefits

6. (1) Whenever the Fund makes a determination to award a benefit, it must communicate its determination by delivery of a notice to the claimant.

- (2) The notice must indicate –
- (a) the section of the Act under which the benefit is awarded;

- (b) the nature of the benefit;
 - (c) the amount or value of the benefit;
 - (d) that the claimant has a right to make amendments to any treatment, rehabilitation or life enhancement plan awarded as a benefit subject to any increase in costs being for the claimant's account in accordance with section 25(7) of the Act; and
 - (e) such other details as to fully inform the claimant of the award.
- (3) Where an award is an undertaking to provide payment for future medical treatment, rehabilitation or life enhancement assistance, a written plan of the benefit must be annexed and must indicate –
- (a) the nature and extent of future medical treatment, rehabilitation programs and goods and services to be provided; and
 - (b) the dates on which the claimant must be re-assessed in terms of section 25(6) of the Act.
- (4) The Fund has access to all records of treatment and medical reports on the condition of a claimant under a treatment, rehabilitation or life enhancement plan.
- (5) Where the Fund has a claimant reassessed in terms of section 25(6) of the Act it must communicate its determination by delivery of a notice to the claimant, which notice must contain information referred to in subregulation (3).
- (6) Where the claimant is dissatisfied with the determination referred to in subregulation (5), subregulation (8) applies.
- (7) Where an award is a funeral benefit in terms of section 25(1)(h) of the Act, it is paid in an amount of \$N7 000 without requiring proof of the actual costs incurred, and the person who may claim the benefit must be a spouse, child, parent or sibling of the deceased, or executor of the deceased estate, and such claim is made on form MVAF 4.
- (8) Where a claimant responds to a notice of award by indicating that he or she is dissatisfied with the award, the Fund must deliver a Notice of Dissatisfaction, form MVAF 5, to such claimant for completion by the claimant and draw his or her attention to sections 25(8) and 32(5) and (6) of the Act.
- (9) Where the Fund makes an award that is subject to the limitation set in section 27(1)(g), the Fund must implement the award until such time as the value of any other benefit receivable has been established and must then cease or reduce payment of the benefit if this is necessary to give full effect to the limitation.

Injury Grant

7. (1) A cash grant as compensation for injury awarded in terms of section 25(1)(c) of the Act must be calculated in terms of the Compensation for Injury Guide in Annexure B.

(2) In determining the amounts payable in terms of the Compensation for Injury Guide in Annexure B, the Minister must be satisfied that they are fair, reasonable

and just having regard to the overall circumstances of Namibians and the resources of the Fund.

(3) Where an injury, including consequence of injury, is not specifically listed in the Compensation for Injury Guide the award must be that which reasonably equates to an injury or combination of injuries as listed in the Compensation for Injury Guide in Annexure B.

Medical costs

8. (1) Reimbursement and disbursement of and payment for the costs of medical treatment, rehabilitation and life enhancement assistance in terms of section 25 (1)(d)(e)(f)(g) and (i) of the Act are made in accordance with the hospital and treatment tariffs as agreed between service providers and the Fund.

(2) The tariff is applicable to all procedures, whether or not the procedure is done outside the borders of Namibia, unless the procedure is not available in Namibia in which event the total cost of the procedure is paid by the Fund subject to the limitation set out in section 24(4)(a) of the Act.

Reports

9. For purposes of keeping proper records of the Fund, the Chief Executive Officer of the Fund must complete or cause to be completed a report that includes –

- (a) the type of injuries sustained in motor vehicle accidents;
- (b) the number of injured persons treated;
- (c) the average cost of treating each type of injury;
- (d) recovery periods for each type of injury;
- (e) the number of rehabilitated and unrehabilitated persons resulting from motor vehicle accidents;
- (f) the number of permanently disabled patients resulting from motor vehicle accidents;
- (g) the geographical, age, sex and time of day distribution of motor vehicle accidents; and
- (h) the causes of motor vehicle accidents.

ANNEXURE A

FORMS

Form	Title	Section	Regulation
MVAF 1	Claim for Benefits	24 and 25	2
MVAF 2	Claim by Service Provider	24(3)	3
MVAF 3	Notice of Accident	30	5
MVAF 4	Claim for Funeral Grant	25	6
MVAF 5	Notice of Dissatisfaction	32(6)	6

Claim Form MVAF 1

**MVA Fund**

The Motor Vehicle Accident Fund of Namibia

*Motor Vehicle Accident Fund Act (Act No. 10 of 2007), Section 28 Regulation 2***CLAIM FOR BENEFITS****Notes:**

- a) **Read the heading of each section and fill in if required. Section 9 must be signed before a Commissioner of Oaths.**
- b) **Any MVA Fund or Nampost official can assist you to fill in this form.**
- c) **Note that it is a criminal offence to state false information or withhold information required if such information is within the knowledge of the person filling in this form.**
- d) **A parent, guardian or curator should fill in the form for a child.**

SECTION 1										
Personal details of the Claimant										
a)	Surname									
b)	First Names									
c)	Identification Number			d)	Place tick <input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	
e)	Date of birth									
f)	Place of birth									
g)	Nationality									
h)	Status (Place tick <input type="checkbox"/>)		Married	<input type="checkbox"/>	Single	<input type="checkbox"/>	Divorced	<input type="checkbox"/>	Widowed	<input type="checkbox"/>
i)	Residential address									
j)	Postal address									
k)	Phone Numbers	W		H		Cell				
l)	If the claimant is claiming on behalf of another person, he/she should state:									
	(i)	Relationship of claimant to such person:								
	(ii)	Name and address of person on whose behalf compensation is being claimed:								
	(iii)	Identity / Passport No. of such person:								
Please attach a certified copy of I.D. or passport. In the event of a claim for loss of support or on behalf of another person, photocopies of relevant marriage and / or full birth certificate, as the case may be, should accompany this form.										
Kindly provide details of two contact persons										
m)	Name									
	Contact details									
n)	Name									
	Contact details									

SECTION 2			
Details of Claim			
	Place a tick <input type="checkbox"/> for the benefits being claimed	<input type="checkbox"/>	Estimated loss (N\$)
a)	Costs of past medical treatment		
b)	Costs of future medical treatment		
c)	Reimbursement of past income lost		
d)	Reimbursement of future income to be lost		
e)	Financial support lost as a result of death of person (only for dependents)		
f)	Reimbursement of funeral grant		
g)	Injury grant		
SECTION 3			
Details of the Deceased			
Fill in only if claim is for financial loss of support; reimbursement of funeral expenses and/or costs of past medical treatment for deceased			
Details of the Deceased only			
a)	Surname		
b)	First names		
c)	Identification number		
d)	Date of injury		e) Date of death
f)	Name of clinic/hospital where first treated		
g)	Name of doctor who first treated deceased		
h)	Was deceased ill prior to death?	YES	NO
i)	Place of death		
j)	What was the relationship of the deceased to the claimant? Place a tick <input type="checkbox"/>	Spouse	Father
		Mother	Son
		Daughter	
		If "other" please specify -	
k)	(i) Employed or self employed? Place a tick <input type="checkbox"/>	Employed	Self-employed
	(ii) Trade or occupation. State sector, if self-employed		
l)	Name of employer		
	(i) Address of employer		
	(ii) Phone number of employer		
	(iii) Earnings of deceased per month		
	(iv) State address from where the deceased operated		
	(v) Earnings per month		
m)	Was deceased on duty at time of accident?		
n)	State names of all the deceased dependents, including claimant	Name(s) of dependent(s)	
		Date of birth	
<p>In the event of claim for loss of support, please provide certified copies of the deceased's three most recent pay slips, I.D. or passport.</p> <p>In the event of claim for past medical costs, please provide original invoices.</p>			

SECTION 4				
Details of Income				
Fill in if claim is for reimbursement of income lost				
a)	Trade or occupation			
b)	Employed or self employed? Place a tick <input checked="" type="checkbox"/>	Employed	Self employed	
c)	If employed, state name of employer			
d)	Address of employer			
e)	Phone number of employer			
f)	Earnings per month			
g)	Income from own business			
h)	If self employed, state occupation or sector			
	(i) State address from where you operate			
i)	Period of employment			
j)	Period of not working due to injury			
k)	Total of income lost	N\$		
l)	Details of any other income or earnings which is not part of the claimant's salary	N\$		
Kindly attach a letter from your employer indicating the period in which income was lost, certified copies of medical certificate and two most recent payslips proving the loss.				
SECTION 5				
Mitigation of Loss				
Give details of other payments claimant entitled to				
Place a tick <input checked="" type="checkbox"/>		If Yes give details, e.g., amount payable per month or cash amount		
a)	Workmans Compensation	NO	YES	
b)	Social Security Support benefits	NO	YES	
c)	Social Security Death benefits	NO	YES	
d)	Medical aid	NO	YES	
e)	Any other grant from Government	NO	YES	

SECTION 6												
Police Report												
To be completed by the station commander or his/her designate at the station where the accident was reported or the MVA Fund investigator who attended the scene												
a)	Rank and name of police officer/MVA Fund investigator											
b)	Force number			c)		Name of police station						
d)	Contact number											
e)	Was this accident reported? Place a tick <input checked="" type="checkbox"/>			YES	NO	f)	Date of report					
g)	Who reported?				h)		Place of accident					
i)	Accident date and time			j)		Accident Report Number or CR Number						
k) List the number of vehicles and name(s) of drivers involved in the accident												
	Vehicle type		Registration No.		Name of driver			ID No.				
i)												
ii)												
iii)												
iv)												
l) State names of passengers and vehicle in which they travelled												
	Passenger			Vehicle			Injured/ Deceased (Place a tick <input checked="" type="checkbox"/>)					
Place a tick <input checked="" type="checkbox"/> on all documentation attached to the claim form												
	(Pol 66) attached	YES	NO	Claimant's Statement			YES	NO				
	Photographs	YES	NO	Sketch Plan			YES	NO				
	Vehicle inspection done	YES	NO	Post Mortem Report			YES	NO				
	Blood alcohol report	YES	NO	Inquest			YES	NO				
	Statements of witnesses	YES	NO	Drivers warning statement			YES	NO				
	If none of the above documents are available, please inform us in writing											
n)	Was the deceased identified in section 3 of this form involved in the accident?						YES	NO				
Kindly ensure that all documentation mentioned above is attached to the claim form where applicable.												
If any one of the above-mentioned documents is not available, please inform the Fund in writing												
o)	Give summary of accident facts											
<div style="display: flex; justify-content: space-between;"> <div>Police Stamp</div> <div>Signed</div> </div> <div style="display: flex; justify-content: center; margin-top: 10px;"> <div>Name</div> </div>												

l)	At the time of your first examination, Was the patient conscious? Please place a tick ✓		YES		NO	
	If no, please provide Glasgow Coma Scale reading					
m)	Did the injured person require hospitalization?	YES		NO	If so, state period	
n)	Was the injured person booked off?	YES		NO	If so, state period	
o)	Did the patient require surgery?	YES		NO	If yes, state type	
p)	Do you expect permanent disability?	YES		NO	Specify	
q)	If yes to questions (m), (n), (p) above, please identify briefly					
r)	State medication patient was on					
s)	Is future medical treatment foreseen?			YES		NO
(i)	If yes, what will be the probable nature of treatment be in respect of which injuries?					
(ii)	Expected date thereof:					
(iii)	Expected duration thereof:					
(iv)	Estimated cost thereof (if possible)		N\$			
(v)	Is hospitalization foreseen in connection with the future treatment referred to in (i) above			YES		NO
t)	If yes, state:					
(i)	Expected date of such hospitalization					
(ii)	Expected duration thereof					
<p>Signature</p> <p>Qualification Name</p> <p>Date</p> <p>Doctor's or hospital stamp</p>						
<p>Copies of all medical records from date of first treatment MUST be attached.</p>						

SECTION 8	
Banking Details	
<p>If you want your money to be deposited directly into your bank account, please complete this section</p> <p>I, _____, the undersigned, state:</p> <p>1. I am the holder of a bank account with the following details: Account Holder Name: _____ Account number: _____ Account type (savings/cheque/etc): _____ Bank: _____ Branch: _____ Branch code: _____</p> <p>2. I hereby request that the cheque be deposited into the above bank account.</p> <p>3. I accept the risk of any loss that I may suffer as a result of the fact that the cheque is deposited into this bank account, and indemnify the MVA Fund of all or any loss or damage, whether direct or indirect, that might arise as a result of the cheque being deposited.</p> <p>.....</p> <p>Claimant _____ Date _____</p> <p>Please ensure that the above bank details are correct.</p>	
SECTION 9	
Claimant's Affidavit	
<p>I hereby declare that the deponent has sworn to and signed this statement in my presence at on the day of 20.... and he/she declared as follows: that the facts herein contained fall within his/her personal knowledge and that he/she understands the contents hereof; that he/she has no objection to taking the oath; that he/she regards the oath as binding on his/her conscience and has declared as follows:</p> <p>“I swear that the contents of this Sworn Affidavit are true and correct, so help me God.”</p> <p>Date Signed</p> <p style="text-align: right;">Claimant's Name</p> <p style="text-align: center;">SWORN BEFORE ME</p> <p>Commissioner's stamp Signed</p> <p style="text-align: right;">Commissioner of Oaths/Capacity</p> <p>Note that if the claimant is under legal disability, this form should be signed by the claimant's guardian, <i>curator</i> or custodian.</p>	



MVA Fund

The Motor Vehicle Accident Fund of Namibia

Motor Vehicle Accident Fund Act (Act No. 10 of 2007), Section 28 Regulation 3

Form MVAF 2

SERVICE PROVIDER

Notes:

- a) **ONE claim form should be submitted in respect of each injured person or deceased.**
- b) **Fill in information as is known. Mark u/k if unknown.**
The more information there is the better the chance for early settlement.
- c) **Note that it is a criminal offence to state false information or to withhold information required if such information is within the knowledge of the person filling in this form.**

SECTION 1					
Details of the Claimant					
a)	Name				
b)	Registration No.		c)	VAT No.	
d)	Physical address				
e)	Postal address				
f)	Phone number		g)	Fax	
h)	E-mail address				
SECTION 2					
Accident details					
a)	Date of accident		b)	Time of accident	
c)	Place of accident				
d)	Name of street or streets f accident was at ntersect on				
e)	Name of police investi- gating officer attending				
SECTION 3					
Details of Service Recipient					
a)	Patient or Deceased		Patient Account No.		Your Ref.
(i)	Name of patient				ID No.
(ii)	Phone number(s)				Cell number
(iii)	Name of deceased, if applicable				ID No.
(iv)	Name of next of kin		Phone number		Cell number.
SECTION 4					
Details of Services Rendered					
a)	Ambulance Driver or Aircraft Pilot				
(i)	Name				ID No.
(ii)	Phone number(s)	Work		Home	Cell
b)	Attending Paramedic				
(i)	Name				ID No.
(ii)	Phone number(s)	Work		Home	Cell

c)	Attending Doctor				
(i)	Name				ID No.
(ii)	Phone number(s)	Work		Home	Cell
(iii)	E-mail address				
d)	Attending Specialist				
(i)	Name				ID No.
(ii)	Phone number(s)	Work		Home	Cell
(iii)	E-mail address				
e)	Service Centre				
i)	Name				
ii)	Physical address				
iii)	Postal address				
iv)	Phone number		Fax		
v)	E-mail address				

SECTION 5
Statement of account

Date	Treatment/Service/Goods	No.	Treatment Code	Charge/Fee

Any comments applicable such as whether particular tariff or rate has been applied

Please note that a printed statement of account may be attached.

SECTION 6
Banking Details

If you want your money to be deposited directly into your bank account, please complete this section

I, _____, the undersigned, state:

1. I am the holder of a bank account with the following details:

Account Holder Name: _____ Account number: _____

Account type (savings/cheque/etc): _____

Bank: _____ Branch: _____ Branch code: _____

2. I hereby request that the cheque be deposited into the above bank account.

3. I accept the risk of any loss that I may suffer as a result of the fact that the cheque is deposited into this bank account, and indemnify the MVA Fund of all or any loss or damage, whether direct or indirect, that might arise as a result of the cheque being deposited.

.....
Claimant

.....
Date

Please ensure that the above bank details are correct.

SECTION 7
Claimant's Affidavit

I hereby declare that the deponent has sworn to and signed this statement in my presence at on the day of 20.... and he/she declared as follows: that the facts herein contained fall within his/her personal knowledge and that he/she understands the contents hereof; that he/she has no objection to taking the oath; that he/she regards the oath as binding on his/her conscience and has declared as follows:

"I swear that the contents of this Sworn Affidavit are true and correct, so help me God."

Date

Signed

Claimant's Name

SWORN BEFORE ME

Commissioner's stamp

Signed

Commissioner of Oaths/Capacity

Note that if the claimant is under legal disability, this form should be signed by the claimant's guardian, *curator* or custodian.



MVA Fund

The Motor Vehicle Accident Fund of Namibia

Motor Vehicle Accident Fund Act (Act No. 10 of 2007), Section 30 Regulation 5

NOTICE OF ACCIDENT

In terms of Section 30 of the Motor Vehicle Accident Fund Act (Act No. 10 of 2007), this notice must be delivered by the driver or owner of a motor vehicle involved in an accident in which a person is injured or killed to the Motor Vehicle Accident Fund within fourteen (14) days of an accident.

It is a criminal offence not to comply with Section 30 of the Motor Vehicle Fund Act (Act No. 10 of 2007).

a)	Was this accident re-reported? Place a tick <input type="checkbox"/>		YES		NO		Date of report
b)	Who reported?		c)	Place of accident			
d)	Date of accident		e)	Time of accident			
f)	Accident Report Number		g)	Name of police officer			
h)	List the vehicles and name(s) of drivers involved in the accident as known by you						
	Vehicle type	Registration No.	Name of driver		ID No.		
i)							
ii)							
iii)							
iv)							
v)							
	Which vehicle were you driving/did you own at time of the accident? (Place a tick <input type="checkbox"/>)						
	i)	ii)	iii)	iv)	v)		
i)	State names of passengers and vehicle in which they travelled as known by you						
	Passenger	Vehicle	ID No.	Injured/Deceased? (Place a tick <input type="checkbox"/>)			
				Injured	Deceased		
				Injured	Deceased		
				Injured	Deceased		
				Injured	Deceased		
				Injured	Deceased		
				Injured	Deceased		
				Injured	Deceased		
j)	List of pedestrians and/or cyclists involved in the accident as known by you						
	Name of pedestrian	ID No.		Name of cyclist	ID No.		
	i)			i)			
	ii)			ii)			
	iii)			iii)			
	iv)			iv)			

Place a tick <input checked="" type="checkbox"/> on all documentation attached										
k)	Accident Report Form (Pol 66) attached	YES		NO		Sketch Plan	YES		NO	
	Photographs	YES		NO		Post Mortem report	YES		NO	
	Vehicle nspect on done	YES		NO		Blood alcohol report	YES		NO	
	Inquest	YES		NO						

Kindly ensure that all documentation mentioned above is attached to this notice where applicable

l) Give summary of acc dent facts

Claimant's Affidavit

I hereby declare that the deponent has sworn to and signed this statement in my presence at on the day of 20.... and he/she declared as follows: that the facts herein contained fall within his/her personal knowledge and that he/she understands the contents hereof; that he/she has no objection to taking the oath; that he/she regards the oath as binding on his/her conscience and has declared as follows:

“I swear that the contents of this Sworn Affidavit are true and correct, so help me God.”

Date Signed
Claimant's Name

SWORN BEFORE ME

Commissioner's stamp Signed
Commissioner of Oaths/Capacity

Note that if the claimant is under legal disability, this form should be signed by the claimant's guardian, *curator* or custodian.



MVA Fund

The Motor Vehicle Accident Fund of Namibia

Motor Vehicle Accident Fund Act (Act No. 10 of 2007), Section 28 Regulation 6

Claim Form MVAF 4

FUNERAL GRANT

Notes:

- Note that it is a criminal offence to state false information or withhold information required if such information is within the knowledge of the person filling in this form.**
- Any MVA Fund or Nampost official can assist you to fill in this form.**
- Read the heading of each section and fill in if required. Section 5 must be signed before a Commissioner of Oaths.**

SECTION 1 Personal details of the Claimant									
a)	Surname								
b)	First Names								
c)	Identification Number		d)	Place tick <input type="checkbox"/>	Male	Female			
e)	Date of birth								
f)	Place of birth								
g)	Nationality								
h)	Status (Place tick <input type="checkbox"/>)	Married		Single		Divorced		Widowed	
i)	Residential address								
j)	Postal address								
k)	Phone Numbers	W		H		Cell			
SECTION 2 Details of the Deceased									
d)	Date of injury		e)	Date of death					
f)	Name of clinic/hospital where first treated								
g)	Name of doctor who first treated deceased								
h)	Was deceased ill prior to death?	YES		NO		What illness?			
i)	Place of death								
j)	What was the relationship of the deceased to the claimant? (Place a tick <input type="checkbox"/>)	Spouse		Father		Mother		Son	Daughter
		If "other" please specify							
Please provide certified copies of the deceased's I.D./passport and death certificate.									

SECTION 3							
Police Report							
To be completed by the station commander or his/her designate at the station where the accident was reported or the MVA Fund investigator who attended the scene.							
a)	Rank and name of police officer/MVA Fund investigator						
b)	Force number						
c)	Name of police station						
d)	Contact number						
e)	Was this accident reported? (Place a tick \checkmark)		YES		NO		
f)	Date of report			Who reported?			
g)	Place of accident			Accident date/time			
h)	Accident Report Number or CR Number						
k)	List the number of vehicles and name(s) or drivers involved in the accident						
	Vehicle type	Registration No.	Name of driver		I.D. No.		
i)							
ii)							
iii)							
iv)							
vi)							
Documentation and Information available (Place a tick \checkmark). Please attach available documentation							
m)	Accident Report Form (Pol 66) attached	YES	NO	Claimant's Statement	YES	NO	
	Photographs	YES	NO	Sketch Plan	YES	NO	
	Vehicle inspection done	YES	NO	Post Mortem Report	YES	NO	
	Blood alcohol report	YES	NO	Inquest	YES	NO	
	Statements of witnesses	YES	NO	Drivers warning statement	YES	NO	
	If none of the above documents are available, please inform us in writing						
n)	Give summary of accident facts						
Signed							
Police Stamp				Name			

SECTION 4	
Banking Details	
If you want your money to be deposited directly into your bank account, please complete this section	
I, _____, the undersigned, state:	
1. I am the holder of a bank account with the following details:	
Account Holder Name: _____ Account number: _____	
Account type (savings/cheque/etc): _____	
Bank: _____ Branch: _____ Branch code: _____	
2. I hereby request that the cheque be deposited into the above bank account.	
3. I accept the risk of any loss that I may suffer as a result of the fact that the cheque is deposited into this bank account, and indemnify the MVA Fund of all or any loss or damage, whether direct or indirect, that might arise as a result of the cheque being deposited.	
.....
Claimant	Date
Please ensure that the above bank details are correct.	
SECTION 5	
Claimant's Affidavit	
<p>I hereby declare that the deponent has sworn to and signed this statement in my presence at on the day of 20.... and he/she declared as follows: that the facts herein contained fall within his/her personal knowledge and that he/she understands the contents hereof; that he/she has no objection to taking the oath; that he/she regards the oath as binding on his/her conscience and has declared as follows:</p> <p>“I swear that the contents of this Sworn Affidavit are true and correct, so help me God.”</p>	
Date	Signed
	Claimant's Name
	SWORN BEFORE ME
Commissioner's stamp	Signed
	Commissioner of Oaths/Capacity
Note that if the claimant is under legal disability, this form should be signed by the claimant's guardian, <i>curator</i> or custodian.	

Form MVAF 5



MVA Fund

The Motor Vehicle Accident Fund of Namibia

Motor Vehicle Accident Fund Act (Act No. 10 of 2007), Section 25 Regulation 6

NOTICE OF DISSATISFACTION

To: The Chief Executive Officer
Motor Vehicle Accident Fund
[Address]

Claimant [State name]

Claim number [State number]

I wish to give notice in terms of section 32 (6) of the Motor Vehicle Accident Fund Act that I am dissatisfied with the following actions of the Fund which, if not rectified, will found review proceedings in the High Court of Namibia.

Please take note that I am dissatisfied as regards –

[Set out your reasons in full and sign this notice]

.....
Signed

.....
Date

.....
ID number

(Please note that this Notice of Dissatisfaction must be delivered prior to commencing review proceedings.)

ANNEXURE B**Motor Vehicle Accident Fund Act (Act No. 10 of 2007), Section 25 (1) (c), Regulation 7****COMPENSATION FOR INJURY GUIDE**

QUANTUM LIST FOR INJURY PROFILING IN NAMIBIA	CODE	MINOR + MINOR WITH AFTER EFFECTS	CODE	MODERATE + MODERATE WITH AFTER EFFECTS	CODE	SEVERE + SEVERE WITH AFTER EFFECTS
HEAD INJURIES						
1. FRACTURES						
Skull Base	1101	8470	1201	10890	1301	12100
Parietal and/or Frontal Bones	1102	7260	1202	8470	1302	9680
Malor/Zygoma	1103	4235	1203	6050	1303	6050
Nose	1104	1815	1204	8470	1304	10890
Orbital/peri-orbital	1105	1210	1205	4840	1305	12100
Maxilla	1106	4840	1206	7260	1306	12100
Mandible	1107	2420	1207	4840	1307	10890
Tooth	1108	605	1208	1815	1308	3025
2. DISLOCATIONS						
Mandible	2101	1210	2201	3630	2301	6050
3. DISLOCATION & FRACTURES						
Mandible	3101	3025	3201	4840	3301	10890
4. AMPUTATION						
Tooth	4101	605	4201	1210	4301	3025
5. HAEMORRHAGE						
Subdural	5101	7260	5201	18150	5301	96800
Brain	5102	7260	5202	18150	5302	96800
Epistaxis	5103	550	5203	1100	5303	1650
6. SOFT TISSUE INJURIES						
Bruising	6101	605	6201	1210	6301	2420
Abrasions	6102	605	6202	1210	6302	30250
Lacerations small/minor – no stitches required	6103	605	6203	3630	6303	6050
Degloving of scalp	6104	2420	6204	6050	6304	30250
Contusion/concussion	6105	2420	6205	3630	6305	6050
Removal of foreign bodies	6106	1210	6206	2420	6306	3630
7. PAIN						
No other injury	7101	665.5	7201	1996.5	7301	3327.5
Permanent (other injuries recovered fully)	7102	3327.5	7202	3993	7302	6655
Central Nervous System						
1. PAIN						
No other injury	7119	605	7219	1815	7319	3025
Permanent (other injuries recovered fully)	7120	3025	7220	4235	7320	6050

QUANTUM LIST FOR INJURY PROFILING IN NAMIBIA	CODE	MINOR + MINOR WITH AFTER EFFECTS	CODE	MODERATE + MODERATE WITH AFTER EFFECTS	CODE	SEVERE + SEVERE WITH AFTER EFFECTS
2. LOSS OF SENSES						
Impairment of vision	9101	1-33%	9201	34-66%	9301	67-100%
Loss of one eye	9102	73150	9202		9302	
Total loss of visual field	9103	110000	9203		9303	
Impairment of hearing	9104	1-33%	9204	34-66%	9304	67-100%
Loss of hearing in one ear	9105		9205		9305	33000
Total loss of hearing	9106		9206		9306	50000
Loss of olfactory sense	9107	6050	9207	9680	9307	11000
Hemi paresis	9108		9208		9308	49500
Paraplegia	9109		9209		9309	110000
Quadriplegia	9110		9210		9310	110000
Brain damage	9111		9211		9311	110000
Post traumatic stress syndrome	9112	18150	9212	30250	9312	33000
Anxiety attacks/reactive depression	9113	6050	9213	12100	9313	18150
Epileptic post traumatic	9114	30250	9214	42350	9314	60500
Major depression	9115	18150	9215	30250	9315	33000
SPINAL CORD						
1. FRACTURES						
Cervical vertebrae	1109	8470	1209	25410	1309	48400
Thorax/ Back	1110	4840	1210	12100	1310	48400
Dorsal/and or lumbar vertebrae	1111	9680	1211	21780	1311	36300
Coccyx	1112	2420	1212	4840	1312	10890
2. DISLOCATIONS						
Neck (whiplash)	2102	3630	2202	12100	2302	30250
Back 2	103	9680	2203	18150	2303	36300
3. DISLOCATION & FRACTURES						
Neck 3	102	19965	3202	33275	3302	59895
Back	3103	19965	3203	33275	3303	59895
4. AMPUTATION						
coccyx	4102	6655	4202	9317	4302	11979
5. HAEMORRHAGE						
Muscle	5104	1210	5204	2420	5304	12100
Epidural	5105	4840	5205	8470	5305	12100
6. SOFT TISSUE INJURIES						
Bruising	6107	605	6207	1210	6307	2420
Abrasions	6108	605	6208	1210	6308	2420
Lacerations small/minor – no stitches required	6109	605	6209	3630	6309	6050
Laceration major/large – stitches required	6110	1815	6210	3630	6310	6050
Contusion	6111	605	6211	1210	6311	3025

QUANTUM LIST FOR INJURY PROFILING IN NAMIBIA	CODE	MINOR + MINOR WITH AFTER EFFECTS	CODE	MODERATE + MODERATE WITH AFTER EFFECTS	CODE	SEVERE + SEVERE WITH AFTER EFFECTS
Contractures	6112	6050	6212	9680	6312	12100
7. PAIN						
No other injury	7103	605	7203	1815	7303	3025
Permanent (other injuries recovered fully)	7104	3025	7204	3630	7304	6050
UPPER EXTREMITIES						
1. FRACTURES						
Clavicle	1113	4840	1213	8470	1313	9680
Scapula	1114 4	840	1214	8470	1314	9680
Humerus	1115 4	840	1215	12100	1315	36300
Radius	1116	4840	1216	10890	1316	21780
Ulna	1117	4840	1217	10890	1317	21780
Radius and Ulna	1118	7260	1218	18150	1318	30250
Olecranon (elbow)	1119	7260	1219	18150	1319 3	0250
Wrist	1120	4235	1220	9680	1320	12100
Metacarpal	1121	2420	1221	3630	1321	4235
Finger	1122	1815	1222	3630	1322	4840
Thumb	1123	3630	1223	12100	1323	18150
2. DISLOCATIONS						
Shoulder	2104	7260	2204	14520	2304	16940
Elbow	2105	7260	2205	12100	2305	24200
Wrist	2106	4840	2206	10890	2306	16940
Fingers	2107	968	2207	1815	2307	2420
3. DISLOCATION & FRACTURES						
Shoulder	3104	8470	3204	14520	3304	36300
Elbow	3105	10890	3205	14520	3305	30250
Wrist	3106	6050	3206	12100	3306	18150
Fingers	3107	1815	3207	3025	3307	3630
4. AMPUTATION						
Finger	4103	8470	4203	12100	4303	18150
Thumb	4104	14520	4204	18150	4304	24200
Other fingers	4105	4840	4205	7260	4305	9680
Below elbow	4106	48400	4206	48400	4306	48400
Above elbow	4107	60500	4207	60500	4307	60500
5. HAEMORRHAGE						
Muscle	5106	1210	5206	6050	5306	18150
Nails	5107	242	5207	605	5307	968
6. SOFT TISSUE INJURIES						
Bruising	6113	605	6213	1210	6313	2420
Abrasions	6114	605	6214	1100	6314	2420
Lacerations small/minor – no stitches required	6115	605	6215	3630	6315	6050

QUANTUM LIST FOR INJURY PROFILING IN NAMIBIA	CODE	MINOR + MINOR WITH AFTER EFFECTS	CODE	MODERATE + MODERATE WITH AFTER EFFECTS	CODE	SEVERE + SEVERE WITH AFTER EFFECTS
Lacerations large/major – stitches required	6116	2420	6216	3630	6316	6050
Contractures	6117	6050	6217	9680	6317	12100
7. PAIN						
No other injury	7105	605	7205	1815	7305	3025
Permanent (other injuries recovered fully)	7106	3025	7206	4235	7306	6050
Chest and Chest Cavity						
1. FRACTURES						
Sternum 1	124	6050	1224	9680	1324	12100
Rib	1125	1815	1225	6050	1325	10890
2. HAEMORRHAGE						
Pleura	5108	6050	5208	10890	5308	22990
Haemothorax	5109	8470	5209	10890	5309	30250
3. SOFT TISSUE INJURIES						
Pneumothorax	6118	6050	6218	9680	6318	18150
Bruising	6119	605	6219	1210	6319	2420
Abrasions	6120	605	6220	1210	6320	2420
Lacerations small/minor – no stitches required	6121	605	6221	3630	6321	6050
Lacerations large/major – stitches required	6122	1815	6222	3630	6322	6050
Contusion	6123	605	6223	1210	6323	3025
4. PAIN						
No other injury	7107	605	7207	1815	7307	3025
Permanent (other injuries recovered fully)	7108	3025	7208	4235	7308	6050
5. HAEMORRHAGE						
Muscle	5113	1815	5213	2420	5313	3025
Haemothorax	5114	8470	5214	10890	5314	22990
Pulmonary thrombosis/ embolism fat embolism	5115	12100	5215	18150	5315	30250
6. AMPUTATION						
Lung	4111	48400	4211	48400	4311	48400
7. SOFT TISSUE INJURIES						
Lung	6135	6050	6235	9680	6335	12100
Pleura	6136	12100	6236	18150	6336	24200
Diaphragm	6137	9680	6237	14520	6337	19360
Contusion	6138	1815	6238	3630	6338	6050
Cardiovascular system						
1. HAEMORRHAGE						
Anaemia	5122	6050	5222	9075	5322	12100

QUANTUM LIST FOR INJURY PROFILING IN NAMIBIA	CODE	MINOR + MINOR WITH AFTER EFFECTS	CODE	MODERATE + MODERATE WITH AFTER EFFECTS	CODE	SEVERE + SEVERE WITH AFTER EFFECTS
2. SOFT TISSUE INJURIES						
Contusion	6151	4840	6251	10890	6351	33000
Tamponade	6152	7260	6252	18150	6352	33000
Rupture large arteries and veins	6153	7260	6253	18150	6353	33000
Skin (augmentary system)						
1. SOFT TISSUE INJURIES						
No lesion/scar present. No treatment necessary. Little or no limitation exists in the performance of the activities of daily living, although unavoidable contact with specific irritant or allergic substances might temporarily increase the extent of limitat	6154	605	6254	968	6354	1210
Minimal lesion/scar. Minor treatment necessary (creams and ointment).	6155	968	6255	1210	6355	1815
Moderate lesion/scar. Surgical/chemical treatment is required – may include intermittent courses of parenteral steroids. Limitation of many daily activities.	6156	1210	6256	1815	6356	3025
Widespread severe lesions/ scars. Extensive surgical/chemical treatment is required. It may also include the possibility that no treatment can be given for these lesions/ scars (irreparable). Treatment may require confinement at home or other domicile.	6157	30250	6257	48400	6357	66000
Noticeable scarring, alteration of the shape of the facial features or loss of hair which cannot be replaced without difficulty.	6158	36300	6258	54450	6358	88000
Substantial scarring, burns or alteration of the shape of facial features.	6159	60500	6259	84700	6359	99000
Major disfigurement caused by scarring, burns, etc., which affect or partially obliterate the shape of facial features.	6160	77000	6260	88000	6360	99000
Gross disfigurement with obliteration of features and normal skin appearance due to burns, multiple scars or other causes.	6161	88000	6261	99000	6361	110000

QUANTUM LIST FOR INJURY PROFILING IN NAMIBIA	CODE	MINOR + MINOR WITH AFTER EFFECTS	CODE	MODERATE + MODERATE WITH AFTER EFFECTS	CODE	SEVERE + SEVERE WITH AFTER EFFECTS
Reproductive system and abdominal organs						
Male reproductive system						
1. AMPUTATION						
Loss of penis and/or partial loss resulting in impotence	4112	12100	4212	19800	4312	27500
Loss of both testes	4113	24200	4213	36300	4313	44000
Loss of one testicle	4114	12100	4214	18150	4314	22000
2. SOFT TISSUE INJURIES						
Urethral stricture or other impairment requiring ongoing treatment	6163	22000	6263	33000	6363	40000
Female reproductive system						
3. SOFT TISSUE INJURIES						
Sterility due to traumatic causes, including radiation and exposure to toxic chemicals	6164	18150	6264	24200	6364	27500
Injuries to the urinary bladder	6165	6050	6265	24200	6365	88000
Hysterotomy/hysterectomy/LSCS	6166	24200	6266	0	6366	0
Termination of pregnancy	6167	24200	6267	36300	6367	44000
IUD	6168	24200	6268	36300	6368	44000
Placenta Abruptio	6169	24200	6269	36300	6369	44000
Urethral stricture or other impairment requiring ongoing treatment	6171	24200	6271	36300	6371	44000
Direct trauma to vagina and vulva resulting in sexual dysfunction	6172	18150	6272	24200	6372	30250
Abdominal organs						
4. HAEMORRHAGE						
Intestines	5116	6050	5216	14520	5316	21780
Liver	5117	7260	5217	12100	5317	24200
Spleen	5118	12100	5218	19250	5318	30250
Kidneys	5119	12100	5219	24200	5319	36300
Peritoneum	5120	12100	5220	24200	5320	36300
Stomach	5121	12100	5221	24200	5321	36300
5. SOFT TISSUE INJURIES						
Contusion	6139	1815	6239	3630	6339	6050
Kidney transplant	6140	0	6240	60500	6340	110000
Rupture liver	6141	7260	6241	12100	6341	24200
Kidney rupture	6142	6050	6242	12100	6342	18150
Removal kidney	6143	12100	6243	18150	6343	55000
Spleen rupture	6144	6050	6244	12100	6344	18150

QUANTUM LIST FOR INJURY PROFILING IN NAMIBIA	CODE	MINOR + MINOR WITH AFTER EFFECTS	CODE	MODERATE + MODERATE WITH AFTER EFFECTS	CODE	SEVERE + SEVERE WITH AFTER EFFECTS
Removal spleen	6145	18150	6245	30250	6345	38500
Stomach rupture	6146	6050	6246	12100	6346	18150
Removal stomach	6147	60500	6247	60500	6347	55000
Intestines rupture 6	148	6050	6248	12100	6348	18150
Removal intestines small	6149	18150	6249	30250	6349	42350
Removal intestines large	6150	18150	6250	30250	6350	42350
Oesophagotomy		0		0	8301	55000
Gastrostomy		0		0	8302	55000
Jejunostomy		0		0	8303	55000
Ileostomy		0		0	8304	55000
Tracheostomy		0	8205	27500	8305	55000
Colostomy		0	8206	27500	8306	55000
Pelvis and pelvic area						
1. FRACTURES						
Iliac, sacrum, pubis, schium	1140	12100	1240	18150	1340	30250
Acetabulum	1141	16940	1241	25410	1341	48400
2. DISLOCATIONS						
Iliac, sacrum, pubis, ischium	2111	9680	2211	22990	2311	36300
Acetabulum	2112	9680	2212	22990	2312	36300
3. DISLOCATION & FRACTURES						
Iliac/sacrum	3111	14520	3211	26136	3311	42350
Acetabulum	3112	18150	3212	53240	3311	60500
4. HAEMORRHAGE						
Muscle	5112	1210	5212	7260	5312	12100
5. SOFT TISSUE INJURIES						
Bruising	6130	605	6230	1210	6330	2420
Abrasions	6131	605	6231	1210	6331	2420
Lacerations small/minor – no stitches required	6132	605	6232	3630	6332	6050
Lacerations large/major – stitches required	6133	1815	6233	3630	6333	6050
Contusion	6134	1815	6234	3630	6334	6050
6. PAIN						
No other injury	7111	605	7211	1815	7311	3025
Permanent (other injuries recovered fully)	7112	3025	7212	4235	7312	6050
Lower extremities						
1. FRACTURES						
Femur	1126	10890	1226	18150	1326	36300
Patella	1127	6050	1227	10890	1327	14520
Tibia and fibula	1128	13310	1228	19360	1328	24200
Tibia	1129	8470	1229	12100	1329	19360

QUANTUM LIST FOR INJURY PROFILING IN NAMIBIA	CODE	MINOR + MINOR WITH AFTER EFFECT	CODE	MODERATE + MODERATE WITH AFTER EFFECTS	CODE	SEVERE + SEVERE WITH AFTER EFFECTS
Fibula	1130	3630	1230	7260	1330	9680
Ankle joint	1132	9680	1232	21780	1332	30250
Achilles tendon	1133	8470	1233	12100	1333	19360
Malleolus medial	1134	6050	1234	9680	1334	14520
Malleolus lateral	1135	3630	1235	7260	1335	9680
Heel (calcaneus/talus)	1136	6050	1236	13068	1336	18150
Metatarsus	1137	3630	1237	4840	1337	6050
Big toe	1138	1815	1238	3630	1338	4840
Other toe(s)	1139	968	1239	2178	1339	3025
2. DISLOCATIONS						
Hip	2108	9680	2208	22990	2308	36300
Knee cartilage or ligaments	2109	7260	2209	12100	2309	30250
Ankle	2110	6050	2210	10890	2310	24200
3. DISLOCATION & FRACTURES						
Knee	3108	13310	3208	21780	3308	38720
Ankle	3109	9680	3209	14520	3309	30250
Hip	3110	18150	3210	24200	3310	30250
4. AMPUTATION						
Big toe	4107	12100	4207	15730	4307	20570
other toe(s)	4108	3630	4208	6050	4308	8470
Below knee	4109	60500	4209	60500	4309	60500
Above knee	4110	96800	4210	96800	4310	96800
5. HAEMORRHAGE						
Muscle	5110	2420	5210	6050	5310	18150
Knee	5111	2420	5211	6050	5311	18150
6. SOFT TISSUE INJURIES						
Bruising	6124	605	6224	1210	6324	2420
Abrasions	6125	605	6225	1210	6325	2420
Lacerations small/minor – no stitches required	6126	605	6226	3630	6326	6050
Lacerations large/major – stitches required	6127	1815	6227	3630	6327	6050
Contusion	6128	1815	6228	3630	6328	6050
Contractures	6129	6050	6229	9680	6329	12100
7. PAIN						
No other injury	7109	605	7209	1815	7309	3025
Permanent (other injuries recovered fully)	7110	3025	7210	4235	7310	6050