

**BOARD NOTICE 280 OF 2022****ROAD ACCIDENT FUND****SUBSTITUTION OF RAF 1 THIRD PARTY CLAIM FORM AND  
EFFECTIVE DATE FOR TERMS AND CONDITIONS UPON WHICH CLAIMS FOR COMPENSATION SHALL  
BE ADMINISTERED**

The Road Accident Fund hereby, in accordance with Regulation 7(1) of the Road Accident Fund Regulations, 2008 substitutes for the RAF 1 Third Party Claim Form published in GNR.770 of 21 July 2008: Road Accident Fund Regulations, 2008 (Government Gazette No. 31249) the RAF 1 Third Party Claim Form set out in the Schedule.

The substitution of the RAF 1 Third Party Claim Form and the terms and conditions upon which claims for compensation shall be administered, as set out in Board Notice 271 of 2022 published on 6 May 2022 in Government Gazette No. 46322, shall come into effect on 1 June 2022.

---

**SCHEDULE**

# RAF 1 FORM



## Important information

- This is a Form to be completed for claims for compensation under section 17 of the Road Accident Fund Act as prescribed in section 24(1)(a) and regulation 7.
- This Form must be completed in its full particulars and in instances where there are asterisks indicating that supporting documents will be required, such must be included for completeness.
- Your attention is drawn to the provision of section 24(4)(a) that any Form that is not completed in its full particulars shall not be acceptable as a claim.
- Consequently, your submitted Form would not interrupt prescription as provided for in section 23 of the Act
- The RAF reserves the right not to accept an incomplete Form.
- The Form and relevant supporting documents can be sent to us by registered mail or delivered by hand to any of our regional offices
- This Form consists of three sections, Section A, B and C.
- Complete Section A and B if claiming for Injury benefits and section A and C for death benefits.

## Section A

### 1. Capacity

**Unrepresented**

**Represented**

*\*Attach power of attorney*

#### 1.1 Details of Legal Representative

**Representative Name & Surname**

**Name of Firm**

#### 1.2 Bank Account Details of Claimant / Legal Representative

**Bank Name**

**Branch Number**

**Account Number**

**Name of Account Holder**

### 2. Personal Information

#### 2.1 Personal Details of the Claimant

<b>Title</b>		<b>Date of Birth</b>	
<b>Name and Surname</b>			
<b>ID Number / Passport Number</b>			
<b>Residential Address</b>	Complex		
	Street		
	Town		
	Province		
	Postal Code		
<b>Postal Address</b>	Complex		
	Street		
	Town		
	Province		
	Postal Code		
<b>Home Telephone Number</b>		<b>Work Telephone Number</b>	
<b>Cellular Number</b>		<b>Email</b>	
<b>Preferred method of communication</b>	<input checked="" type="checkbox"/>	Email	SMS Post Tel /Cell
<b>Home / Preferred Language of Communication</b>			
<b>Ethnicity / Race</b>		<b>Country of Birth</b>	
<b>Country of Residence</b>			
<b>Relationship to the Injured /Deceased</b>			
<b>Sex</b>	<input checked="" type="checkbox"/>	Male	Female

2.2 Personal Details of the Injured (complete only if the claimant is not the injured)						
Title		Name and Surname				
Date of Birth		ID Number / Passport Number		* Attach a certified copy of ID, unabridged birth certificate or passport		
Residential Address	Complex					
	Street					
	Town					
	Province					
	Postal Code					
Postal Address	Complex					
	Street					
	Town					
	Province					
	Postal Code					
Home Telephone Number			Work Telephone Number			
Cellular Number			Email			
Preferred method of communication			<input checked="" type="checkbox"/>	Email	SMS	Post
Home / Preferred Language of Communication				Marital Status		
Ethnicity / Race				Country of Birth		
Country of Residence						
Sex	<input checked="" type="checkbox"/>	Male		Female		

2.3 Personal Details of the Deceased						
Title		Name and Surname				
Date of Birth		Date of Death		* Attach a certified copy of death certificate		
Residential Address	Complex					
	Street					
	Town					
	Province					
	Postal Code					
Time of Death		ID Number / Passport Number		* Attach a certified copy of ID or passport		
Country of Birth						
Country of Residence						
Sex	<input checked="" type="checkbox"/>	Male		Female		

2.4 Personal Details of Dependants No:1	
Title	
Name and Surname	
Date of Birth	
ID Number / Passport Number	<i>* certified marriage certificate/ unabridged birth certificate/Affidavit confirming relationship</i>
Ethnicity / Race	
Country of Birth	
Country of Residence	
Sex (Male/Female)	
Relationship to the Deceased	
Reason for dependence	
Marital Status	

2.4 Personal Details of Dependants No:2	
Title	
Name and Surname	
Date of Birth	
ID Number / Passport Number	<i>* certified marriage certificate/ unabridged birth certificate/Affidavit confirming relationship</i>
Ethnicity / Race	
Country of Birth	
Country of Residence	
Sex (Male/Female)	
Relationship to the Deceased	
Reason for dependence	
Marital Status	

2.4 Personal Details of Dependants No:3	
Title	
Name and Surname	
Date of Birth	
ID Number / Passport Number	<i>* certified marriage certificate/ unabridged birth certificate/Affidavit confirming relationship</i>
Ethnicity / Race	
Country of Birth	
Country of Residence	
Sex (Male/Female)	
Relationship to the Deceased	
Reason for dependence	
Marital Status	

2.4 Personal Details of Dependants No:4	
Title	
Name and Surname	
Date of Birth	
ID Number / Passport Number	<i>* certified marriage certificate/ unabridged birth certificate/Affidavit confirming relationship</i>
Ethnicity / Race	
Country of Birth	
Country of Residence	
Sex (Male/Female)	
Relationship to the Deceased	
Reason for dependence	
Marital Status	

Complete additional pages in case of more than four dependants

2.5 Next of Kin Details						
Title	Name and Surname					
Home Telephone Number		Work Telephone Number				
Cellular Number		Email				
Relationship to Claimant/Injured						
3. Accident Details						
3.1 Motor Vehicle Accident Details						
Date of Accident						
Time of Accident						
Place of accident	Street					
	Town					
	Province					
	Postal Code					
Name and Address of Police Station were the accident was reported	Name					
	Town					
	Province					
	Postal Code					
Contact details of SAPS station	<small>* Attach SAPS Accident Report</small>					
Name of investigating officer	<small>* Attach a docket</small>					
Accident Report Number (AR number)						
Case Number (CR number)						
Post mortem results relating to the deceased	<small>* Post-mortem report/ Inquest record/ charge sheet/other documents proving that the deceased was killed in the accident</small>					
3.2 Injured/Deceased Capacity						
Capacity in Accident	<input checked="" type="checkbox"/>	Driver	Motorcyclist	Passenger	Cyclist	Pedestrian
Vehicle Registration Number						
Driver Name & Surname						
Vehicle Make and Model						
Please indicate if the vehicle claimed against is a public transport vehicle	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Driver Physical Address	Complex					
	Street					
	Town					
	Province					
	Postal Code					
Driver cell phone number						