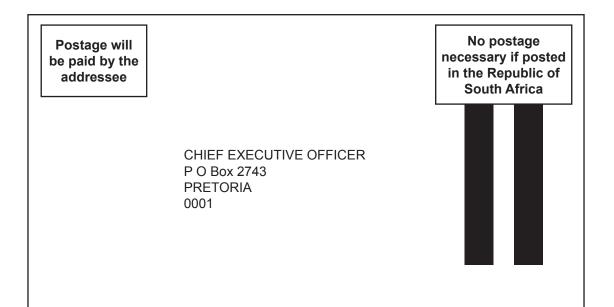
ACCIDENT REPORT FORM (SECTIONS 22(1)(a) OF ACT NO. 56 OF 1996



- 1) When any person has been injured or killed as a result of the driving of a motor vehicle, the owner and / or the driver of that motor vehicle must report that accident to the Fund on this form within 14 days, failing which the compensation paid to the third party may be recovered from that owner or driver.
- 2) Should the space provided in this form be insufficient to answer any question you are welcome to attach a further page(es) to this form in which such further information can be provided to the RAF.
- 3) Should you require any assistance with the completion of this form please feel free to contact the RAF on ShareCall number 0860 23 55 23.



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



3 PARTICULARS OF THE MOTOR VEHICLE:

Registration number	Make
Body (i.e. sedan, truck, bus, etc.)	Model
Colour	Year

4 PARTICULARS OF OTHER MOTOR VEHICLES INVOLVED IN THE ACCIDENT:

Vehicle 1	Vehicle 2
Registration number	Registration number
Name(s) and surname of driver	Name(s) and surname of driver
Telephone number / Cell number	Telephone number / Cell number
Name(s) and surname of owner	Name(s) and surname of owner
Physical address	Physical address
Postal address	Postal address



4 PARTICULARS OF OTHER MOTOR VEHICLES INVOLVED IN THE ACCIDENT:

Vehicle 3	Vehicle 4
Registration number	Registration number
Name(s) and surname of driver	Name(s) and surname of driver
Telephone number / Cell number	Telephone number / Cell number
Name(s) and surname of owner	Name(s) and surname of owner
Physical address	Physical address
Postal address	Postal address

5 PARTICULARS OF THE ACCIDENT:

What was the date of the accident?

At which police station was the accident reported?

What was the time of the accident?

What is the police reference number?

Where did the accident take place?

6 PARTICULARS OF WITNESS(ES) TO THE ACCIDENT:

Cell number
E-mail address
Physical address
Postal address



6 PARTICULARS OF WITNESS(ES) TO THE ACCIDENT:

Witness 2	Cell number
Name(s)	
	E-mail address
Surname	
	Physical address
ID number / Passport number	
Telephone number	
	Postal address
Facsimile number	

6 PARTICULARS OF WITNESS(ES) TO THE ACCIDENT:

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



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

7 PARTICULARS OF PERSON(S) INJURED/DECEASED:

Person 2	E-mail address
Name(s)	
	Physical address
Surname	
ID number / Passport number	
	Postal address
Telephone number	
Facsimile number	
	State whether the injured / deceased was a driver,
Cell number	passenger, cyclist or pedestrian.

8 CONDITIONS AT THE TIME OF THE ACCIDENT:

 Time of day (i.e. dawn, day, dusk, night)
 Street lights - on or off

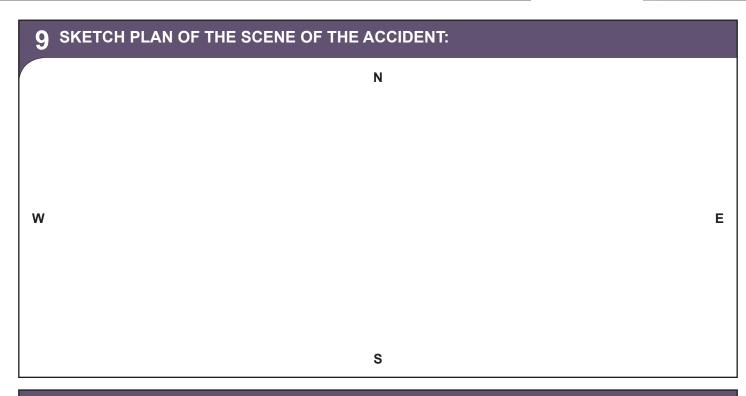
 Weather conditions (i.e. sunny, misty, cloudy, raining, etc)
 Own vehicle's lights - off, dim, bright

 Visibility (i.e. good, reasonable, bad, etc.)
 Other vehicle's lights - off, dim, bright

 Road surface (i.e. gravel, sand, tar, etc.)
 Speed of own vehicle at time of accident



RAF 3



10	10 DETAILED DESCRIPTION OF THE ACCIDENT:		



11 DECLARATION:

I / we hereby declare that to the best of my / our knowledge and belief the information set out in this form is true and correct in every respect.

Signature of driver

Signature of owner		
Signed at		
	Date	YYYY/MM/DD