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## GENERAL NOTICE

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### NOTICE 1038 OF 2012

#### DEPARTMENT OF TRANSPORT

#### ROAD ACCIDENT FUND (TRANSITIONAL PROVISIONS) ACT, (ACT NO. 15 OF 2012.)

#### ROAD ACCIDENT FUND (TRANSITIONAL PROVISIONS) REGULATIONS, 2012

The Minister of Transport hereby, in terms of section 2(1) and 2(1)(d) of the Road Accident Fund (Transitional Provisions) Act No.15 of 2012 intends to make the regulations in the Schedule.

Interested persons are invited to send their written comments on the draft regulations to the Director General, Department of Transport within 30 days from the date of publication hereof, for the attention of Adv Adam Masombuka at the following address

Email        [MasombuA@dot.gov.za](mailto:MasombuA@dot.gov.za)

Tel            (012) 309 3888

Fax            012 309 3134

The Department of Transport  
Private Bag x 193  
PRETORIA  
0002

## SCHEDULE

### Definitions

1. In these Regulations unless the context indicates otherwise, an expression or word given to a meaning in the Act has the same meaning—

**"The Act"** means the Road Accident Fund (Transitional Provisions) Act, No.15 of 2012; and

**"Regulations"** means regulations in terms of the Road Accident Fund (Transitional Provisions) Act, No.15 of 2012.

### Election of statutory regime by the third party

2. A third party who elects in terms of section 2(1) of the Act to have the claim dealt with in terms of the old Act shall submit to the Fund, in accordance with the procedure specified in section 24(1) of the old Act, an Election Form ("**RAF TP 1**") attached as Annexure A to these Regulations.

### **Declaration of compensation received by the third party**

3. A third party who does not elect in terms of section 2(1) of the Act to have the claim dealt with in terms of the old Act shall submit to the Fund, in accordance with the procedure specified in section 24(1) of the new Act, a Disclosure Form ("RAF TP 2") attached as Annexure B to these Regulations.

### **Short Title and Commencement**

4. This Regulation shall be called the Road Accident Fund (Transitional Provisions) Regulations 2012 and shall come into operation on the date of publication thereof.

# ANNEXURE A

ELECTION FORM



RAF TP 1

## 1 PARTICULARS OF THIRD PARTY

Surname

First names

Date of Birth

ID number

Other Identification

Specify

Residential address

  
  

Postal address

  
  

Cell

E-mail

## 2 PARTICULARS OF PERSON(S) REPRESENTED BY THIRD PARTY

1. Surname

First names

Date of Birth

ID number

Other Identification

Specify

2. Surname

First names

Date of Birth

ID number

Other Identification

Specify

# ELECTION FORM



RAF TP 1

## 2 PARTICULARS OF PERSON(S) REPRESENTED BY THIRD PARTY

3. Surname

First names

Date of Birth

ID number

Other Identification

Specify

4. Surname

First names

Date of Birth

ID number

Other Identification

Specify

If more than 4 persons are represented kindly furnish the details of the additional person(s) in an annexure.

## 3 PARTICULARS OF ACCIDENT

Date of accident

Time of accident

or

Place of accident

SAPS/Metro Police Ref No.

## 4 ROAD ACCIDENT FUND CLAIM NUMBER

(To be completed where a claim has already been lodged with the Road Accident Fund)

Claim Number

ELECTION FORM



RAF TP 1

5 ELECTION AND DECLARATION

I, the third party with the details reflected in paragraph 1 above hereby declare under oath / affirm that I irrevocably elect in terms of subsection 2(1) of the Road Accident Fund (Transitional Provisions) Act, 2012 that my claim and the claims(s) of the person(s) identified in paragraph 2 above and in any annexure to this form, arising from the accident identified in paragraph 3 above, remain subject to the old Act.

Signature of deponent

[Signature box]

Date of signature

YYYY MM DD

CERTIFICATION:

I hereby 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 as indicated below:

1. Do you know and understand the contents of the above declaration?

YES NO YES NO

2. Do you have any objection to taking the prescribed oath?

YES NO

3. Do you consider the prescribed oath to be binding on your conscience?

YES NO

I hereby certify that the desponent has acknowledged that he / she knows and understands the contents of this declaration which was sworn to / affirmed before me and the deponent's signature was placed thereon in my presence.

Signature of Justice of the Peace / Commissioner of Oaths

[Signature box]

Surname

[Text box]

First Names

[Text box]

Designation

[Text box]

Area for which appointed

[Text box]

Business address

[Text box]

Place of signature

[Text box]

Date of signature

YYYY MM DD

# ANNEXURE B

DISCLOSURE FORM



RAF TP 2

## 1 PARTICULARS OF THIRD PARTY

Surname

First names

Date of Birth

ID number

Other Identification

Specify

Residential address

  
  

Postal address

  
  

Home Telephone

Work Telephone

Cell

E-mail

## 2 AMOUNTS RECOVERED AND RECEIVED BY THIRD PARTY

a. Indicate the amount recovered from the driver/owner/employer of the driver of the motor vehicle involved in the accident:

R

b. Indicate the amount received as an interim payment in terms of section 17(6) of the old Act:

R

c. Indicate the amount paid to suppliers in terms of section 17(5) of the old Act:

R

d. Indicate the amount received in terms of the Compensation for Occupational Injuries and Diseases Act, 1993; the Defence Act, 2002 or any other Act of Parliament governing the South African National Defence Force:

R

DISCLOSURE FORM



RAF TP 2

3 PARTICULARS OF PERSON(S) REPRESENTED BY THIRD PARTY AND AMOUNTS RECOVERD OR RECEIVED BY SUCH PERSON(S)

1. Surname

First names

Date of Birth  ID number

Other Identification  Specify

With reference to the amounts recovered or received contemplated in paragraph 2 (a) - (d) above indicate which such amounts have been recovered or received:

a.  R

b.  R

c.  R

d.  R

2. Surname

First names

Date of Birth  ID number

Other Identification  Specify

With reference to the amounts recovered or received contemplated in paragraph 2 (a) - (d) above indicate which such amounts have been recovered or received:

a.  R

b.  R

c.  R

d.  R

3. Surname

First names

Date of Birth  ID number

Other Identification  Specify

With reference to the amounts recovered or received contemplated in paragraph 2 (a) - (d) above indicate which such amounts have been recovered or received:

a.  R

b.  R

c.  R

d.  R



DISCLOSURE FORM



RAF TP 2

6 DECLARATION

I, the third party with the details reflected in paragraph 1 above hereby declare under oath / affirm that the information furnished in this form and any annexure to this form is to the best of my belief true and correct.

Signature of deponent

[Signature box]

Date of signature

YYYY MM DD

CERTIFICATION:

I hereby 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 as indicated below:

- 1. Do you know and understand the contents of the above declaration? YES NO
- 2. Do you have any objection to taking the prescribed oath? YES NO
- 3. Do you consider the prescribed oath to be binding on your conscience? YES NO

I hereby certify that the desponent has acknowledged that he / she knows and understands the contents of this declaration which was sworn to / affirmed before me and the deponent's signature was placed thereon in my presence.

Signature of Justice of the Peace / Commissioner of Oaths

[Signature box]

Surname

[Text box]

First Names

[Text box]

Designation

[Text box]

Area for which appointed

[Text box]

Business address

[Text box]

Place of signature

[Text box]

Date of signature

YYYY MM DD

# DISCLOSURE FORM



## RAF TP 2

### 3 PARTICULARS OF PERSON(S) REPRESENTED BY THIRD PARTY AND AMOUNTS RECOVERED OR RECEIVED BY SUCH PERSON(S)

4. Surname   
First names   
Date of Birth  ID number   
Other Identification  Specify

With reference to the amounts recovered or received contemplated in paragraph 2 (a) - (d) above indicate which such amounts have been recovered or received:

a. 

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| R |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

      b. 

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| R |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

c. 

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| R |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

      d. 

|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| R |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

If more than four persons are represented kindly furnish the details of the additional person(s) in an annexure.

### 4 PARTICULARS OF ACCIDENT

Date of accident  Time of accident  AM or

Place of accident

SAPS/Metro Police Ref No.

### 5 ROAD ACCIDENT FUND CLAIM NUMBER

(To be completed where a claim has already been lodged with the Road Accident Fund)

Claim Number