

FORM 'A'
MOTOR VEHICLE ACCIDENTS ACT, 1991
(Act No. 13 of 1991)

*Claim for Compensation and Medical Report in terms of sections 10 and 16
of Act No. 13 of 1991*

- (i) A Separate form must be completed and lodged with the MVA Fund in respect of each person or deceased person for whose injury or death compensation is claimed.
 - (ii) Section 16 of the Act provides, *inter alia*, that a claim for compensation under section 10 shall contain the particulars set out in a form prescribed by regulation. The Motor Vehicle Accidents Regulations 1992 provide *inter alia*, that this form including the medical report which forms part thereof, must be completed in all its particulars. A clear reply must be given to each question is not applicable to the claim, "not applicable" must be inserted. Ticks, dashes, deletions and Alterations not confirmed by a signature will not be regarded as proper completion of the form.
 - (iii) The said section further provides that such claims shall be sent by registered post or delivery by hand to the MVA Fund at its registered office or local branch office, and that the MVA Fund shall, in the case delivery by hand at the time of delivery acknowledge receipt thereof and the date of such receipt in writing.
 - (iv) In order to enable the MVA Fund to deal with this claim it is essential that all the required supporting vouchers and statements accompany this form, and in the case of paragraph 8 of this form it is desirable also to -
 - (a) attach all medico-legal reports in the possession of the claimant; and
 - (b) indicate in regard to a claim for future loss of earnings on a separate statement how much loss is calculated.
 - (v) Written authority for the inspection by or on behalf of the MVA Fund of all the records the injured or deceased person which may be in the possession of any hospital or medical practitioner should also accompany this form or furnished on request.
1. Party liable for the claim

ESWATINI MVA FUND (SINCENPHETELO MVA FUND)

2. Claimant:
- (a) (i) Full name and residential address:
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 - (ii) Postal address
 - (iii) Identity No:
 - (b) If the claimant is claiming compensation on behalf of a person other than himself / herself, state -
 - (i) capacity in which claimant is acting
 - (ii) name and address of person(s) on whose behalf compensation is being claimed
 -
 - (iii) relationship of claimant to such person(s)
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- (In the case of a claim for loss of support or on behalf of other persons, photocopies of relevant marriage and Birth Certificates, as case may be, should accompany the form).
3. Particulars of motor vehicle which cause the loss or damage
- (a) Name and address of owner
 - (b) Registration letters and number
 - (c) Name and address of driver at time of accident (*if known*)
 - (d) If the claim is made in terms of regulations 4:
 - (i) Description of the unidentified vehicle (*if known*)
 - (ii) State on a separate statement attached to this form what efforts were made to establish the identity of the owner or driver of the vehicle

4. Particulars of accident in which the vehicle described in paragraph 3 was involved:

- (a) Date Time
- (b) Place
- (c) Police station to which reported and Police reference number (*if known*)
- (d) Is claimant in possession of a police report and plan?
If so, attach copies.

5. Particulars of any other vehicle involved in accident (*if known*):

(i) (ii) (iii)

- (a) Registration letters and number
- (b) (i) Name of owner
- (ii) Address (*if known*)
- (iii) Occupation (*if known*)
- (c) Name of driver at time of accident
- (d) Name of insurer

6. Particulars of person in respect of whose bodily injury or death compensation is claimed

- (a) Full name and address
- (b) Sex
- (c) Date of Birth
- (d) Marital status at date of accident (*state whether never married, married, divorced, widowed or legally Separated*)
- (e) If married, state whether in or out of community of property or in accordance with Swazi laws and custom
- (f) Business or occupation
- (g) At the time of the accident was he / she travelling in one of the vehicles described in either paragraph 3 or paragraph 5? (*Yes or No*)
- (h) If yes, state registration letters and number of vehicle and whether passenger or driver
- (i) If he / she was not travelling as a passenger or driver in one of the vehicles described in either paragraph 3 or paragraph 5 what was his / her mode of conveyance, or was he / she a pedestrian?
- (j) Name and addresses of usual medical attendant (*if any*)
- (k) Names and addresses of all medical practitioners who attended him / her after the accident (*if known*)
- (l) (i) At which hospital or nursing home or other place, if any, did he /she receive treatment after the accident
- and
- (ii) for what period as in-patient (from to)
- and / or out-patient (from to)

(iii) Classification for hospital purposes (hospital patient or private patient).....

(m) Was he / she suffering from any physical defects or infirmities immediately prior to the accident? (Yes or No)

(n) If yes, give details

(o) Name and address of employer at date of accident, and how long employed by such employer (if more than one).....

(p) Was he/she injured or killed in the course at his/her employment?.....

(q) State his/her income for the 12 months immediately preceding the accident-

(i) from employment..... E

(ii) from any other source (give details)..... E

..... E

Total..... E

7. If the person named in paragraph 6 was fatally injured the following additional information is required in respect of such

(a) Place where death occurred

(b) Date of death

Attached copy of report on the post mortem examination, (if available)

(c) Is it known whether an inquest has been held? (Yes or No)

(d) If known state, in what court
date.....and reference number

(e) Names and addresses of all dependants of the deceased whether or not compensation is being claimed on their

(f) Names and addresses of the executor of the deceased's estate

8. The following information is required in respect of each such dependant, (If compensation is claimed by or on behalf of more than one dependants the information required by the paragraph in respect of each dependant should be set out on a separate statement and attached to this form)

(a) Full names and addresses

(b) Sex

(c) Date of Birth

(d) Relationship to deceased person

(e) Marital status at date of accident (state whether never married, married, divorced, widowed or legally Separated)

(f) If married, state whether in or out of community of property or in accordance with Swazi Law and Custom