No. R. 770 **21 July 2008**

ROAD ACCIDENT FUND ACT, 1996

ROAD ACCIDENT FUND REGULATIONS, 2008

The Minister of Transport has, under section 26 of the Road Accident Fund Act, 1996 (Act No. 56 of 1996), made the Regulations in the Schedule hereto.

SCHEDULE

1 Definitions

In these Regulations, unless the context otherwise indicates–

(i) "appeal tribunal" means the tribunal constituted in terms of regulation 3(8);

(ii) "AMA Guides" means the American Medical Association's *Guides to the Evaluation of Permanent Impairment*, Sixth Edition, or such edition thereof as the Fund may from time to time give notice of in the *Gazette*;

(iii) "dispute resolution form" means a duly completed form RAF5, attached hereto as annexure E, or such amendment or substitution thereof as the Fund may from time to time give notice of in the *Gazette.*

(iv) "day" means any day other than a Saturday, Sunday or public holiday;

(v) "fiscal year" means the period commencing on the first day of March of a given year and ending on the last day of February of the subsequent year;

(vi) "health care provider" means a health care provider, as defined in the National Health Act, 2003 (Act No. 61 of 2003).

(vii) "health practitioner" means a practitioner of a profession registrable in terms of the Health Professions Act, 1974 (Act No. 56 of 1974);

(viii) "medical practitioner" means a person registered as such under the Health Professions Act, 1974 (Act No. 56 of 1974);

(ix) "Registrar" means the Registrar of the Health Professions Council of South Africa established in terms of section 2 of the Health Professions Act, 1974 (Act No. 56 of 1974).

(x) "serious injury assessment report" means a duly completed form RAF4, attached hereto as annexure D, or such amendment or substitution thereof as the Fund may from time to time give notice of in the *Gazette*.

2 Further provision for liability of Fund in terms of section 17(1)*(b)*

(1) *(a)* A claim for compensation referred to in section 17(1)*(b)* of the Act shall be sent or delivered to the Fund in accordance with the provisions of section 24 of the Act, within two years from the date upon which the cause of action arose.

(b) A right to claim compensation from the Fund under section 17(1)*(b)* of the Act in respect of loss or damage arising from the driving of a motor vehicle in the case where the identity of neither the owner nor the driver thereof has been established, shall become prescribed upon the expiry of a period of two years from the date upon which the cause of action arose, unless a claim has been lodged in terms of paragraph *(a)*.

(c) In the event of a claim having been lodged in terms of paragraph *(a)* such claim shall not prescribe before the expiry of a period of five years from the date upon which the cause of action arose.

(2) Notwithstanding anything to the contrary contained in any law a claim for compensation referred to in section 17(1)*(b)* of the Act shall be sent or delivered to the Fund within two years from the date upon which the cause of action arose irrespective of any legal disability to which the third party concerned may be subject.

3 Assessment of serious injury in terms of section 17(1A)

(1) *(a)* A third party who wishes to claim compensation for non-pecuniary loss shall submit himself or herself to an assessment by a medical practitioner in accordance with these Regulations.

(b) The medical practitioner shall assess whether the third party's injury is serious in accordance with the following method:

(i) The Minister may publish in the *Gazette*, after consultation with the Minister of Health, a list of injuries which are for purposes of section 17 of the Act not to be regarded as serious injuries and no injury shall be assessed as serious if that injury meets the description of an injury which appears on the list.

(ii) If the injury resulted in 30 per cent or more Impairment of the Whole Person as provided in the AMA Guides, the injury shall be assessed as serious.

(iii) An injury which does not result in 30 per cent or more Impairment of the Whole Person may only be assessed as serious if that injury:

(aa) resulted in a serious long-term impairment or loss of a body function;

(bb) constitutes permanent serious disfigurement;

(cc) resulted in severe long-term mental or severe long-term behavioural disturbance or disorder; or

(dd) resulted in loss of a foetus.

(iv) The AMA Guides must be applied by the medical practitioner in accordance with operational guidelines or amendments, if any, published by the Minister from time to time by notice in the Gazette.

(v) Despite anything to the contrary in the AMA Guides, in assessing the degree of impairment, no number stipulated in

the AMA Guides is to be rounded up or down, regardless of whether the number represents an initial, an intermediate, a combined or a final value, unless the rounding is expressly required or permitted by the guidelines issued by the Minister.

(vi) The Minister may approve a training course in the application of the AMA Guides by notice in the *Gazette* and then the assessment must be done by a medical practitioner who has successfully completed such a course.

(2) *(a)* Unless otherwise provided in these Regulations, the costs of an assessment shall be borne by the Fund or an agent only if the third party's injury is found to be serious and the Fund or the agent attracts overall liability in terms of the Act.

(b) The Fund or an agent may at its cost, at the request of a third party, make available to the third party the services of, or, alternatively, refer the third party to–

(i) a medical practitioner for purposes of an assessment in accordance with these Regulations; and

(ii) a health care provider, for purposes of collecting and collating information to facilitate such an assessment

if the Fund decides that there is a reasonable prospect that a medical practitioner may assess the injury to be serious and the third party lacks sufficient funds to obtain an assessment.

(3) *(a)* A third party whose injury has been assessed in terms of these Regulations shall obtain from the medical practitioner concerned a serious injury assessment report.

(b) A claim for compensation for non-pecuniary loss in terms of section 17 of the Act shall be submitted in accordance with the Act and these Regulations, provided that:

(i) the serious injury assessment report may be submitted separately after the submission of the claim at any time before the expiry of the periods for the lodgement of the claim prescribed in the Act and these Regulations; and

(ii) where maximal medical improvement, as provided in the AMA Guides, in respect of the third party's injury has not yet been reached and where the periods for lodgement of the claim prescribed in terms of the Act and these Regulations will expire before such improvement is reached, the third party shall, notwithstanding anything to the contrary contained in the AMA Guides, submit himself or herself to an assessment and

lodge the claim and the serious injury assessment report prior to the expiry of the relevant period.

(c) The Fund or an agent shall only be obliged to compensate a third party for non-pecuniary loss as provided in the Act if a claim is supported by a serious injury assessment report submitted in terms of the Act and these Regulations and the Fund or an agent is satisfied that the injury has been correctly assessed as serious in terms of the method provided in these Regulations.

(d) If the Fund or an agent is not satisfied that the injury has been correctly assessed, the Fund or an agent must:

(i) reject the serious injury assessment report and furnish the third party with reasons for the rejection; or

(ii) direct that the third party submit himself or herself, at the cost of the Fund or an agent, to a further assessment to ascertain whether the injury is serious, in terms of the method set out in these Regulations, by a medical practitioner designated by the Fund or an agent.

(e) The Fund or an agent must either accept the further assessment or dispute the further assessment in the manner provided in these Regulations.

(4) If a third party wishes to dispute the rejection of the serious injury assessment report, or in the event of either the third party or the Fund or the agent disputing the assessment performed by a medical practitioner in terms of these Regulations, the disputant shall:

(a) within 90 days of being informed of the rejection or the assessment, notify the Registrar that the rejection or the assessment is disputed by lodging a dispute resolution form with the Registrar;

(b) in such notification set out the grounds upon which the rejection or the assessment is disputed and include such submissions, medical reports and opinions as the disputant wishes to rely upon; and

(c) if the disputant is the Fund or agent, provide all available contact details pertaining to the third party.

(5) *(a)* If the Registrar is not notified that the rejection or the assessment is disputed in the manner and within the time period provided for in subregulation (4), the rejection or the assessment shall become final and binding unless an application for condonation is lodged with the Registrar as well as sent or delivered to the other party to the dispute.

(b) A written response to the application for condonation may be submitted with the Registrar within 15 days after receipt of the application for condonation and a reply thereto may be lodged within 10 days.

(c) Every application for condonation, response and reply shall–

(i) be clear and succinct and to the point;

(ii) furnish fairly all such information as is necessary to enable the appeal tribunal to decide the application; and

(iii) deal with the merits of the dispute only insofar as is necessary for the purpose of explaining and supporting the grounds for or against condonation.

(d) The Registrar shall refer the application for condonation together with any response and reply to the appeal tribunal.

(e) The appeal tribunal when considering the application for condonation may call for the submission of–

(i) further information; or

(ii) any additional documentation;

and the party concerned shall lodge with the Registrar the requested further information and documents within the period stipulated by the appeal tribunal.

(f) If either party fails to comply with the direction given by the appeal tribunal, the appeal tribunal may dispose of the application in its incomplete form without having regard to the further information or documents called for.

(g) The appeal tribunal shall decide whether or not to condone the late notification of a dispute and inform the parties accordingly.

(h) If late notification is not condoned, the rejection or the assessment shall become final and binding.

(6) The Registrar shall within 15 days of having been notified of a dispute in terms of subregulation (4), or notified that condonation is granted to a disputant in terms of subregulation (5), inform in writing the other party of the dispute and provide copies of all the submissions, medical reports and opinions submitted by the disputant to the other party.

(7) After being informed in terms of subregulation (6), the other party may:

(a) in writing and within 60 days notify the Registrar which submissions, medical reports and opinions are placed in dispute; and

(b) attach to such notification the submissions, medical reports and opinions relied upon.

(8) (a) After receiving the notification from the other party or the expiry of the 60 day period, referred to in subregulation (6), the Registrar shall refer the dispute for consideration by an appeal tribunal paid for by the Fund.

(b) The appeal tribunal consists of three independent medical practitioners with expertise in the appropriate areas of medicine, appointed by the Registrar, who shall designate one of them as the presiding officer of the appeal tribunal.

(c) The Registrar may appoint an additional independent health practitioner with expertise in any appropriate health profession to assist the appeal tribunal in an advisory capacity.

(9) *(a)* The Registrar shall in writing inform the parties who the persons are that he or she has appointed in terms of subregulation (8).

(b) (i) If a party is aggrieved by any one or more of the appointments made by the Registrar in terms of subregulation (8), such party shall within 10 days deliver a written motivation to the Registrar and the other party, setting forth grounds upon which the party objects to the appointment made.

(ii) The other party may respond in writing within 10 days by delivering a response to the Registrar and the aggrieved party.

(iii) The Registrar may, upon receipt of a written motivation, and a response thereto, if any, either confirm the appointment made in terms of subregulation (8) or substitute any one or more of the initial appointments made, and such decision by the Registrar shall be final.

(10) *(a)* If it appears to the majority of the members of the appeal tribunal that a hearing for the purpose of considering legal arguments may be warranted, the presiding officer of the appeal tribunal shall notify the Registrar to this effect in writing, stating reasons.

(b) When the Registrar receives the notification he or she shall request the chairperson of the bar council, alternatively the chairperson of the law society, of the jurisdictional area concerned, to appoint an advocate of the High Court of South Africa, or an attorney of the High Court of South Africa, with at least five years of experience in practice.

(c) The advocate or attorney, once appointed, shall consider the reasons submitted to the Registrar by the presiding officer of the appeal tribunal and shall within 10 days of his or her appointment

make a recommendation in writing on whether a hearing is warranted.

(d) The appeal tribunal shall consider the recommendation made by the advocate or attorney and determine, in writing, whether the nature of the dispute warrants a hearing for the purpose of considering legal arguments.

(e) If the appeal tribunal determines that a hearing is warranted, the appointed advocate or attorney shall preside at the hearing and the Registrar shall–

(i) inform the parties to the dispute that a hearing will be held at a place and time determined by the appointed advocate or attorney;

(ii) inform the parties that they are entitled to legal representation, at their own cost, at the hearing and to present legal arguments at the hearing; and

(iii) inform the parties of any additional procedures adopted by the advocate or attorney appointed to preside at the hearing.

(f) The appointed advocate or attorney shall within 10 days of concluding the hearing make written recommendations to the

appeal tribunal in relation to the legal issues arising from the hearing.

(g) The appeal tribunal shall consider the recommendations made by the said advocate or attorney and determine, in writing, the legal issues.

(h) If the appeal tribunal determines in terms of paragraph *(d)* that the nature of the dispute does not warrant a hearing or, if it determines that such a hearing is warranted and the legal issues arising from the hearing have been determined in terms of paragraph *(g)*, the functions of the appointed advocate or attorney shall cease and the appeal tribunal shall thereafter exercise any of the powers provided for in subregulation (11).

(11) The appeal tribunal shall have the following powers:

(a) Direct that the third party submit himself or herself, at the cost of the Fund or an agent, to a further assessment to ascertain whether the injury is serious, in terms of the method set out in these Regulations, by a medical practitioner designated by the appeal tribunal.

(b) Direct, on no less than five days written notice, that the third party present himself or herself in person to the appeal tribunal at a place

and time indicated in the said notice and examine the third party's injury and assess whether the injury is serious in terms of the method set out in these Regulations.

(c) Direct that further medical reports be obtained and placed before the appeal tribunal by one or more of the parties.

(d) Direct that relevant pre- and post-accident medical, health and treatment records pertaining to the third party be obtained and made available to the appeal tribunal.

(e) Direct that further submissions be made by one or more of the parties and stipulate the time frame within which such further submissions must be placed before the appeal tribunal.

(f) Refuse to decide a dispute until a party has complied with any direction in paragraphs *(a)* to *(e)* above.

(g) Determine whether in its majority view the injury concerned is serious in terms of the method set out in these Regulations.

(h) Confirm the assessment of the medical practitioner or substitute its own assessment for the disputed assessment performed by the medical practitioner, if the majority of the members of the appeal tribunal consider it appropriate to substitute.

(i) Confirm the rejection of the serious injury assessment report by the Fund or an agent or accept the report, if the majority of the members of the appeal tribunal consider it is appropriate to accept the serious injury assessment report.

(12) Unless there has not been compliance with directions issued in terms of subregulation (11)*(a)* to *(e)* above, the appeal tribunal shall notify the Registrar of its findings within 90 days after the referral of the dispute in terms of subregulation (8), or such additional period as the Registrar may on application from the appeal tribunal authorise in writing.

(13) The Registrar shall inform the parties of the findings of the appeal tribunal, which findings shall be final and binding.

(14) *(a)* The Fund shall bear the reasonable costs of the Health Professions Council of South Africa arising from subregulations (4) to (13), as agreed between the Fund and the said Council, or, failing such agreement, as determined by the Minister after consultation with the Minister of Health.

(b) The Fund shall bear the reasonable fees and expenses, as determined or approved by the Fund, of the persons appointed in terms of subregulations (8) and (10)(*b*).

4 Further provision in respect of claim for loss of income or support in terms of section 17(4)*(c)*

In proportionately calculating the annual loss of income or support referred to in section 17(4)*(c)* of the Act, such loss shall be calculated per fiscal year.

5 Medical tariffs in terms of section 17(4B)

(1) The liability of the Fund or an agent contemplated in section 17(4B)*(a)* of the Act, shall be determined in accordance with the Uniform Patient Fee Schedule for fees payable to public health establishments by full-paying patients, prescribed under section 90(1)*(b)* of the National Health Act, 2003 (Act No. 61 of 2003), as revised from time to time.

(2) The liability of the Fund or an agent contemplated in section 17(4B)*(b)* of the Act shall be determined in accordance with the tariff published by the Fund from time to time in the Gazette and such tariff shall apply only in the case of the immediate, appropriate and justifiable medical evaluation, treatment and care required in an emergency situation in order to preserve the person's life or bodily functions, or both.

(3) The liability of the Fund or an agent, in circumstances other than contemplated in subregulations (1) and (2), including but not limited to the costs of alterations to a building or premises, or modification of a

motor vehicle, shall be based on any reasonable quotation either submitted to or obtained by the Fund or an agent.

6 Further provision for procedural matters contemplated in section 24

(1) Any reference in section 24(1)*(b)* of the Act to the Fund's principal, branch or regional office, or to an agent's registered office or local branch office, shall for the purposes of compliance with that section, refer to such principal, branch or regional office of the Fund, or registered office or local branch office of an agent, as the case may be–

(a) which is situated nearest to the location where the occurrence from which the claim arose took place; or

(b) which is situated nearest to the location where the third party resides.

(2) *(a)* The Fund or an agent shall at any time after having received a claim for compensation referred to in s 17(1) of the Act, be entitled to require the third party concerned to submit to questioning by the Fund or an agent at a place indicated by the Fund or an agent or to make a further sworn statement regarding the circumstances of the occurrence concerned or any aspect of it.

(b) In the event of the Fund or an agent requiring the third party to submit to questioning or to make a sworn statement, or both, in terms of paragraph *(a)*, no claim shall be enforceable by legal proceedings commenced by a summons served on the Fund or an agent before the third party has submitted himself or herself to questioning or has made the sworn statement, or both.

7 Forms

(1) A claim for compensation and accompanying medical report referred to in section 24(1)*(a)* of the Act, shall be in the form RAF 1 attached as Annexure A to these Regulations, or such amendment or substitution thereof as the Fund may from time to time give notice of in the *Gazette*.

(2) A claim by a supplier referred to in section 24(3) of the Act shall be in the form RAF 2 attached as Annexure B to these Regulations, or such amendment or substitution thereof as the Fund may from time to time give notice of in the *Gazette*.

(3) The particulars and statements referred to in section 22(1)*(a)* of the Act shall be furnished to the Fund in the form RAF 3, attached as Annexure C to these Regulations, or such amendment or substitution thereof as the Fund may from time to time give notice of in the *Gazette*.

8 Transitional arrangement, and repeal of regulations

(1) These Regulations shall not apply to any claim for compensation under section 17 of the Act in respect of which the cause of action arose prior to the date on which these Regulations came into operation, and any such claim shall be dealt with as if these Regulations had not come into operation.

(2) Subject to subregulation (1) the Regulations promulgated by Government Notice No. R. 609 of 25 April 1997 are hereby repealed.

9 Commencement

These Regulations shall come into operation on 1 August 2008.

THIRD PARTY CLAIM FORM

RAF 1

1 PERSONAL DETAILS OF CLAIMANT

Title

Surname

Name

Date of birth

ID Number / Passport Number:
(Note: A certified legible copy of your identity document must be attached to this claim form)

Residential Address

Postal Address

Home telephone number

Work telephone number

Cellular number

Email

How would you prefer us to contact you?

Email ☐ SMS ☐ Post ☐

Tel (H) ☐ Tel (W) ☐ Cell ☐

2 DETAILS OF PERSON CLAIMING IN REPRESENTATIVE CAPACITY

Are you claiming compensation on behalf of someone else?

☐ YES ☐ NO

If you answered YES kindly furnish the following information:

Your Name(s) & Surname:

Your ID / Passport Number:

In what capacity you are acting

3 BANK ACCOUNT DETAILS OF CLAIMANT

If your claim is successful the RAF will pay you directly. Please provide bank account details for payment of compensation due to you.

Bank (Name)

Account Number

Branch number

Name of Account holder

THIRD PARTY CLAIM FORM

RAF 1

4 BANK ACCOUNT DETAILS OF THE CLAIMANT'S LEGAL REPRESENTATIVE

If costs become due, please provide details of the account into which you want the costs to be paid.

Account Number

Bank Name

Branch Code

Name of account holder

Kindly attach one of the following documents to the claim form to enable the RAF to verify the banking details: a cancelled cheque or a certified legible copy/original statement of account which clearly indicates the account holder's name, account and branch number, or an original letter from the bank (on an official letterhead) which confirms the account holder's name, account and branch number.

5 MOTOR VEHICLE ACCIDENT DETAILS

Date of accident

YYYY/MM/DD

Time of accident

HH:MM

Place of accident (street number and name, suburb, town, province)

Address of SAPS station where the accident was reported

Accident report number

In the accident were you (or the injured / deceased)

Driver	☐ ➡	complete paragraph 7
Motorcyclist	☐ ➡	complete paragraph 7
Motorcycle passenger	☐ ➡	complete paragraph 6
Passenger	☐ ➡	complete paragraph 6
Cyclist	☐ ➡	complete paragraph 6
Pedestrian	☐ ➡	complete paragraph 6

In an affidavit, to be attached to this claim form, please describe how the accident occurred.

6 PASSENGERS, PEDESTRIANS & CYCLISTS

What is the registration number of the vehicle on or in which you / injured / deceased was a passenger?

What is the driver's name and surname?

If you were a cyclist or a pedestrian, what is the registration number(s) of the other vechicle(s) involved in the accident?

Driver's physical address:

Driver's contact number:

What is the driver's name and surname?

THIRD PARTY CLAIM FORM

RAF 1

7 DRIVER / MOTOR CYCLIST

What is the registration number of the motor vehicle / motorcycle driven by you (or the injured / deceased)?

If you (or the injured / deceased) are not the owner of the motor vehicle / motorcycle kindly furnish the following information in respect of the owner -

Name and Surname

Telephone number:

Cell number:

Physical address:

8 DETAILS OF OTHER VEHICLES IN THE ACCIDENT

Please provide details of any other vehicles involved in this accident. (Pedestrians and cyclists, must also answer this question by providing details of the vehicles involved.)

Registration number | Driver's contact No

Registration number | Driver's contact No

Was this a "hit-and-run" accident?

☐ Yes ☐ No

9 PARTICULARS OF DECEASED (IF APPLICABLE)

Name

Surname

ID Number

Date of birth

Date of death

What is your relationship to the deceased?

Kindly attach a copy of the death certificate, inquest report or charge sheet

10 SAFETY MEASURES

Kindly indicate whether you (or the injured) were wearing a seatbelt at the time of the accident?

Yes ☐ No ☐

OR

Kindly indicate whether you (or the injured) were wearing a helmet at the time of the accident?

Yes ☐ No ☐

THIRD PARTY CLAIM FORM

RAF 1

11 DETAILS OF WORKMAN'S COMPENSATION

The Compensation for Occupational Injuries and Diseases Act gives workers the right to claim compensation if they are injured during work.

Did the motor vehicle accident give rise to a claim(s) under the Compensation for Occupational Injuries and Diseases Act

Yes ☐ No ☐

If you answered YES kindly furnish the following information. Did you lodge a claim with the Compensation Fund.

Yes ☐ No ☐

If YES furnish the Compensation Fund's reference number

State the amount of compensation received to date

Indicate whether the compensation received represents the final award

Yes ☐ No ☐

12 WITNESSES

Were there any witness(es) to the accident?

Yes ☐ No ☐

If you answered YES kindly furnish the following information in respect of such witness(es):

Name and Surname

Address

Telephone No Cell No

Name and Surname

Address

Telephone No Cell number

(Should this claim form not provide enough space to list all the witnesses kindly list the remaining witnesses and their details on a separate page to be attached to this claim form)

13 EMPLOYMENT STATUS

What was the injured's / deceased's employment status at the time of the accident?

Employed ☐ Self employed ☐ Unemployed ☐

THIRD PARTY CLAIM FORM

RAF 1

14 EMPLOYED DETAILS

Was the claimant or / the injured required to take time off work due to injuries sustained in the accident

Yes ☐ No ☐

If you answered YES, please furnish the following details

Dates not at work –

YYYYMMDD YYYYMMDD

Number of work days the injured was not at work

Did the injured receive payment from the employer while not at work

Yes ☐ No ☐

If you answered YES, please indicate the amount received

If you answered YES to the previous question, what was the nature of the payment received from the employer

☐ sick leave ☐ gratuitous ☐ or other

If you answered OTHER, please indicate the nature of the payment

15 EMPLOYER'S DETAILS

Please provide the following details regarding the injured's / deceased's employment.

Name of employer

Postal Address

Telephone number

Contact person

Employee number

Kindly indicate the basis of employment -

☐ Permanent ☐ Temporary

☐ Casual ☐ Contract

If the employment is (or was) on a temporary/ casual or contractual basis please indicate:

Date of commencement YYYYMMDD

Date of expiry YYYYMMDD

16 PROOF OF INCOME

To assist the RAF with the processing of the claim , for past and / or future loss of income, please indicate the documents you can provide to confirm the injured's / deceased's earnings.

☐ Payslips

☐ Most recent tax return

☐ Printout of payments from employer

☐ Bank statements

☐ Other. Please specify:

☐ None of the above

(Kindly attach copies of the documents identified by you to this claim form).

Tax reference Number

THIRD PARTY CLAIM FORM

RAF 1

17 SELF EMPLOYED CLAIMANTS

If the injured / deceased was self employed please complete the following details:

Business name:

Nature of business:

Business address:

Identify the applicable legal entity in respect of the injured / deceased business-

If applicable, kindly furnish the Company / Close Corporation / Trust registration number of the business

Has the injured / deceased / business lodged tax returns during last 3 financial years

☐ Yes ☐ No

If you answered YES, please attach copies of those tax returns to this claim form

If you answered NO, please attach income and expenditure statements / bank statements for the business, for the past 3 years or for such shorter period that the injured / deceased has been in business.

☐ sole trader ☐ partnership trust ☐ close corporation ☐ company

☐ other – specify

18 CLAIMS FOR LOSS OF SUPPORT

Please furnish the requested details of all the persons who, at the time of death, were dependent on the deceased for support

Dependant 1
Name
Date of birth YYYY/MM/DD
ID Number
Relationship
Reason for dependence

Dependant 2
Name
Date of birth
ID Number
Relationship
Reason for dependence

Dependant 3
Name
Date of birth
ID Number
Relationship
Reason for dependence

Dependant 4
Name
Date of birth YYYY/MM/DD
ID Number
Relationship
Reason for dependence

Dependant 5
Name
Date of birth
ID Number
Relationship
Reason for dependence

Note: As proof of the relationship between the deceased and the particular dependent please attach certified copies of the relevant documentation, i.e. marriage certificate, unabridged birth certificate, adoption court order, etc.

(Should this claim form not provide enough space to list all the dependants kindly list the remaining dependants on a separate page to be attached to this claim form)

THIRD PARTY CLAIM FORM

RAF 1

19 COMPENSATION CLAIMED

Kindly indicate with an "X", in the space provided, the type(s) of compensation claimed as well as the exact amount claimed in respect of each type

Type(s) of Compensation Claimed	Amount Claimed
☐ Emergency medical treatment	R
☐ Non-emergency medical treatment	R
☐ Future medical expenses	R
☐ Past loss of income	R
☐ Future loss of income	R
☐ Past loss of support	R
☐ Future loss of support	R
☐ Funeral expenses (attach specified invoices)	R
☐ Non- pecuniary loss (general damages) *	R
Total Amount Claimed	R

* If this claim includes a claim for non-pecuniary loss (general damages) please furnish the RAF with a serious injury assessment report as prescribed in the regulations.

20 SUBSTANTIAL COMPLIANCE

Please complete the following information to validate your claim for substantial compliance with Section 24 of the RAF Act.

1. The identity (of the injured.) - (paragraph 1).
2. The date and place of accident (paragraph 5)
3. Identify the insured motor vehicles (paragraph 6 / 7 and 8).
4. A completed statutory medical report (paragraph 22);
5. Amount claimed as compensation (paragraph 19);
6. Attach accounts, vouchers, invoices etc. to support your claim for medical expenses;
7. Complete this form as prescribed in Section 24 of the RAF Act.
8. In the event that loss of support or funeral expenses are claimed provide documentary proof of the death of the deceased; and
9. Should the space provided in this claim form be insufficient to answer any question you are welcome to attach a further page to this claim form in which such further information can be provided to the RAF.
10. Should you require any assistance with the completion of this claim form please feel free to contact the RAF on ShareCall number 0860 2355 23.

THIRD PARTY CLAIM FORM

RAF 1

21 DECLARATION AND CONSENT

The Consent granted to the Road Accident Fund (RAF) in this paragraph authorises the RAF to obtain copies of any records and to access any information which relates to this claim for compensation and to contact any person or entity for purposes of obtaining or verifying such information and /or documentation.

I, _____ (name and surname of claimant),
declare that, to the best of my knowledge, the information provided in this Third Party Claim Form is true and correct in every respect; and

I confirm that I am claiming compensation:

in my personal capacity as a result of injuries I sustained in the accident; alternatively

in my personal and / or representative capacity as _____ (state capacity) on behalf of _____ (name and surname of injured) who sustained injuries in the accident; alternatively

in my personal and / or representative capacity as _____ (state capacity) of _____ (state name of the deceased) who died as a result of the injuries sustained in the accident.

(Indicate, and if applicable complete, the applicable statement above)

I hereby consent to the release, to the Road Accident Fund, of copies of all documentation and /or information, including, but not limited to, documentation and /or information of a medical or financial nature, in the possession of any person or entity, which documentation or information, in any way, relates to this claim for compensation arising from the motor vehicle accident detailed in the claim form

I further consent to, and authorise, the Road Accident Fund to contact any person or entity for purposes of obtaining or verifying such information and /or documentation.

Signature of the Claimant	Signature of the Witness

THIRD PARTY CLAIM FORM

RAF 1

22 MEDICAL REPORT

Section 24(2)(a) provides that this report shall be completed by the medical practitioner who treated the injured or deceased person for the bodily injuries sustained by him/her in the accident from which this claim arises

1. DETAILS OF PATIENT

Name

Surname

ID Number

Date of birth

YYYY/MM/DD

2. PAST EMERGENCY MEDICAL TREATMENT

Note that, in terms of the regulations, emergency medical treatment is defined as "...the immediate, appropriate and justifiable medical evaluation, treatment and care required in an emergency situation in order to preserve the person's life or bodily functions, or both"

Did the patient receive emergency medical treatment, as defined

☐ Yes ☐ No

If you answered YES, please furnish the following information in respect of such treatment–

What was the nature of the treatment?

☐ Emergency transport

☐ Hospital care

☐ ICU

☐ Other, if other please indicate nature of the treatment

ICD 10 Code	Treatment plan

Kindly furnish the ICD 10 codes applicable to the emergency medical treatment provided to the patient and motivate why the treatment is viewed as emergency medical treatment. Should the space provided in this claim form be insufficient to answer any question attach a further page(es) to this claim form in which such further information can be provided to the RAF.

THIRD PARTY CLAIM FORM

RAF 1

MEDICAL REPORT

3. PAST NON-EMERGENCY MEDICAL TREATMENT

Note that all medical evaluations and treatment that fall outside the prescribed definition of emergency medical treatment, is non-emergency medical treatment.

Did the patient receive non-emergency medical treatment?

☐ Yes ☐ No

If you answered YES, please furnish the following information in respect of such treatment.
In the schedule below, kindly identify the specific ICD 10 code(s) applicable and describe the treatment administered

ICD 10 Code	Treatment plan

4. PRE-EXISTING MEDICAL CONDITIONS

Did the patient suffer from any pre-existing condition(s) (injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment).

☐ Yes ☐ No

If you answered YES, please identify the pre-existing condition(s), furnish the applicable ICD 10 code(s) (if such a code exists) and describe the impact of the injury(ies) sustained in the accident on such pre-existing condition(s)

Pre-existing condition	ICD 10 Code	Impact of accident

THIRD PARTY CLAIM FORM

RAF 1

MEDICAL REPORT

5. FUTURE MEDICAL TREATMENT

Is the patient currently receiving ongoing medical treatment for the injury(ies) sustained in the accident, or is it foreseen that the patient would require future medical treatment for such injury(ies)

☐ Yes ☐ No

If you answered YES, please furnish the name(s) and contact number(s) of the service provider(s) who will be rendering treatment, future treatment.

6. MEDICAL TREATMENT IN MEDICAL FACILITY/HOSPITAL

Was the patient admitted to a medical facility / hospital as a result of the injury(ies) sustained in the accident, or did the patient receive treatment at a medical facility / hospital for such injury(ies)

☐ Yes ☐ No

If you answered YES, please furnish the name(s) and contact number(s) of the hospital / facility, and if admitted, the date admitted and date discharged

Name of Hospital / Facility	Contact number	Date admitted	Date discharged
		YYYY/MM/DD	YYYY/MM/DD
		YYYY/MM/DD	YYYY/MM/DD
		YYYY/MM/DD	YYYY/MM/DD
		YYYY/MM/DD	YYYY/MM/DD

7. MEDICAL PRACTITIONERS DETAIL'S

Name

Surname

Qualifications

Practice Number (HPCSA and/or BHF)

Telephone number

Facsimile number

Cell number

Postal Address

Physical Address

THIRD PARTY CLAIM FORM

RAF 1

DECLARATION

DECLARATION

I hereby declare that to the best of my knowledge and belief the information set out in this medical report is true and correct in every respect.

Signature of medical practitioner

OFFICIAL STAMP

Signed At

Date

PAYMENT

SUPPLIER CLAIM FORM

RAF 2

1 SUPPLIER DETAILS

Supplier name

Practice number (BHF/HPCSA)

Tax reference Number

Physical Address

Postal Address

Telephone number

Facsimile number

Cellular number

How would you prefer us to contact you?

Email ☐ SMS ☐ Post ☐ Tel ☐

Cell ☐

2 SUPPLIER'S BANK ACCOUNT DETAILS

If your claim is sucessful the RAF will pay you directly. Please provide bank account details for payment of compensation due to you.

Bank (Name)

Branch number

Account Number

Name of Account holder

3 BANK ACCOUNT DETAILS OF THE SUPPLIER REPRESENTATIVE

If the suppliers claim is successful, the RAF will pay the compensation to the supplier directly and cost (if due) to the supplier's representative. Please provide details of the account into which you want the costs to be paid.

Account Number

Branch Code

Bank Name

Name of account holder

Kindly attach one of the following documents to the claim form to enable the RAF to verify the banking details: a cancelled cheque or a certified legible copy/original statement of account which clearly indicates the account holder's name, account- and branch number, or an original letter from the bank (on an official letterhead) which confirms the account holder's name, account- and branch number.

SUPPLIER CLAIM FORM

RAF 2

4 MOTOR VEHICLE ACCIDENT DETAILS

In order for the RAF to assess this claim please provide the following information.

Date of accident
YYYYMMDD

Time of accident
HHMM

Place of accident (street number and name, suburb, town, province)

SAPS station where the accident was reported

Accident report number

Kindly attach to this claim form a copy of the accident report or a statement by the injured describing the events leading up to the accident.

5 INJURED'S / DECEASED'S DETAILS

Title

Surname

Name

Date of birth
YYYYMMDD

ID Number:

Tax reference Number

Residential Address

Postal Address

Home telephone number

Work telephone number

Cell number

Email

(Please attach a copy of the injured's identity document or, if applicable, a copy of the deceased's death certificate and the applicable inquest record / charge sheet)

6 COMPENSATION CLAIMED

What are you claiming for?

Category of claim	Amount Claimed
☐ Emergency medical treatment (attach original invoice)	R
☐ Non-emergency medical treatment (attach original invoice)	R
Total Amount Claimed	R

SUPPLIER CLAIM FORM

RAF 2

7 PAST EMERGENCY MEDICAL TREATMENT

Note that, in terms of the regulations, emergency medical treatment is defined as "...the immediate, appropriate and justifiable medical evaluation, treatment and care required in an emergency situation in order to preserve the person's life or bodily functions, or both"

Did the patient receive emergency medical treatment, as defined,

☐ Yes ☐ No

If you answered YES, please furnish the following information in respect of such treatment–

What was the nature of the treatment?

☐ Emergency transport

☐ Hospital care

☐ ICU

☐ Other, if other please indicate nature of the treatment

ICD 10 Code	Treatment plan

Kindly furnish the ICD 10 codes applicable to the emergency medical treatment provided to the patient and motivate why the treatment is viewed as emergency medical treatment. Should the space provided in this claim form be insufficient to answer any question you are welcome to attach a further page(es) to this claim form in which such further information can be provided to the RAF.

SUPPLIER CLAIM FORM

RAF 2

8 PAST NON EMERGENCY MEDICAL TREATMENT

Note that all medical evaluations and treatment that fall outside the prescribed definition of emergency medical treatment, is non-emergency medical treatment.

Did the patient receive non-emergency medical treatment,

☐ Yes ☐ No

If you answered YES, please furnish the following information in respect of such treatment

What was the nature of the treatment?

☐ Transport

☐ Hospital care

☐ Other, if other please indicate nature of the treatment

In the schedule below, kindly identify the specific ICD 10 code(s) applicable to the evaluation(s) / treatment provided to the patient and describe the treatment administered. **(attach detailed invoice + medical investigation reports)**

ICD 10 Code	Treatment plan

9 PRE-EXISTING MEDICAL CONDITIONS

Did the patient suffer from any pre-existing condition(s) (injury, illness, sickness, disease, or other physical, medical, mental or nervous condition, disorder or ailment) that existed at the time of the accident

☐ Yes ☐ No

If yes, please provide details.

SUPPLIER CLAIM FORM

RAF 2

10 MEDICAL TREATMENT IN MEDICAL FACILITY/HOSPITAL

Name of Hospital / Facilitiy	Contact number	Date admitted	Date discharge
		YYYY/MM/DD	YYYY/MM/DD
		YYYY/MM/DD	YYYY/MM/DD
		YYYY/MM/DD	YYYY/MM/DD
		YYYY/MM/DD	YYYY/MM/DD
		YYYY/MM/DD	YYYY/MM/DD
		YYYY/MM/DD	YYYY/MM/DD
		YYYY/MM/DD	YYYY/MM/DD
		YYYY/MM/DD	YYYY/MM/DD
		YYYY/MM/DD	YYYY/MM/DD

11 DECLARATION

I hereby declare that:

1) To the best of my knowledge and belief the information set out in this form is true and correct in every respect;
2) The accommodation in a hospital or nursing home and the treatment, or goods supplied, referred to herein, were supplied to the injured person; and
3) I have not / the supplier has not received payment from any other source, in respect of the accommodation in a hospital or nursing home and the treatment, or goods supplied, referred to in this claim form, and should I / the supplier receive any payment in respect thereof from any other source I / the supplier shall disclose full details thereof to the Road Accident Fund.

Signature of supplier, supplier's duly authorised representative or agent. Where the supplier is a legal entity attach written proof of the authorisation in terms of which the signatory is authorised to sign this claim form. Where the supplier is represented by an agent attach written proof of the agent's mandate.

Signed at

Date YYYY/MM/DD

OFFICIAL STAMP

12 SUBSTANTIAL COMPLIANCE

Please complete the following information to validate your claim for substantial compliance to Section 24 of the RAF Act.

1. The identity of the injured/deceased - (paragraph 5).
2. The date and place of accident (paragraph 4)
3. A precise indication of the amounts claimed as compensation (paragraph 6);
4. Attach specified accounts, vouchers, original invoices etc. to support your claim for medical expenses;
5. Complete this form as prescribed in Section 24 of the RAF Act.
6. Should the space provided in this claim form be insufficient to answer any question you are welcome to attach a further page(es) to this claim form in which such further information can be provided to the RAF.
7. Should you require any assistance with the completion of this claim form please feel free to contact the RAF on ShareCall number 0860 2355 23

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

RAF3

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 claim form be insufficient to answer any question you are welcome to attach a further page(es) to this claim form in which such further information can be provided to the RAF.
3) Should you require any assistance with the completion of this claim form please feel free to contact the RAF on ShareCall number 0860 2355 23

Postage will be paid by the Addressee

No postage necessary if posted in the Republic of South Africa

CHIEF EXECUTIVE OFFICER
P O Box 2743
PRETORIA
0001

1 PARTICULARS OF THE DRIVER OF THE VEHICLE

Name(s)

Surname

ID Number/Passport Number

Citizenship

Telephone

Facsimile

Cell Number

E-mail address

Physical address

Postal address

Drivers License Number

Date issued

Endorsements, if any

Physical / mental defects, if any

State whether you are also the owner of the vehcile

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

RAF3

2 PARTICULARS OF THE OWNER OF THE VEHICLE - COMPLETE WHERE THE DRIVER WAS NOT THE OWNER

Name(s)

Surname

ID Number / Passport Number

Citizenship

Telephone number

Facsimile number

Cell number

E-mail address

Physical address

Postal address

3 PARTICULARS OF THE MOTOR VEHICLE

Registration number

Body (i.e. sedan, truck, bus etc.)

Color

Make

Model

Year

4 PARTICULARS OF OTHER MOTOR VEHICLES INVOLVED IN THE ACCIDENT

Vehicle 1

Registration number

Name(s) and surname of driver

Telephone number / Cell number

Name(s) and surname of owner

Physical address

Postal address

Vehicle 2

Registration number

Name(s) and surname of driver

Telephone number / Cell number

Name(s) and surname of owner

Physical address

Postal address

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

RAF3

4 PARTICULARS OF OTHER MOTOR VEHICLES INVOLVED IN THE ACCIDENT

Vehicle 3

Registration number

Name(s) and surname of driver

Telephone number / Cell number

Name(s) and surname of owner

Physical address

Postal address

Vehicle 4

Registration number

Name(s) and surname of driver

Telephone number / Cell number

Name(s) and surname of owner

Physical address

Postal address

5 PARTICULARS OF THE ACCIDENT

What was the date of the accident?

What was the time of the accident?

Where did the accident take place?

At which police station was the accident reported?

What is the police reference number?

6 PARTICULARS OF WITNESS(ES) TO THE ACCIDENT

Witness 1

Name(s)

Surname

ID Number / Passport Number

Telephone number

Facsimile number

Cell number

E-mail address

Physical address

Postal address

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

RAF3

6 PARTICULARS OF WITNESS(ES) TO THE ACCIDENT

Witness 2

Name(s)

Surname

ID Number / Passport Number

Telephone number

Facsimile number

Cell number

E-mail address

Physical address

Postal address

6 PARTICULARS OF WITNESS(ES) TO THE ACCIDENT

Witness 3

Name(s)

Surname

ID Number / Passport Number

Telephone number

Facsimile number

Cell number

E-mail address

Physical address

Postal address

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

RAF3

7 PARTICULARS OF PERSON(S) INJURED/DECEASED

Person 1

Name(s)

Surname

ID Number / Passport Number

Telephone number

Facsimile number

Cell Number

E-mail address

Physical address

Postal address

State whether the injured / deceased was a driver, passenger, cyclist or pedestrian.

7 PARTICULARS OF PERSON(S) INJURED/DECEASED

Person 2

Name(s)

Surname

ID Number / Passport Number

Telephone number

Facsimile number

Cell Number

E-mail address

Physical address

Postal address

State whether the injured / deceased was a driver, passenger, cyclist or pedestrian.

8 CONDITIONS AT THE TIME OF THE ACCIDENT

Time of day (i.e. dawn, day, dusk, night)

Weather conditions (i.e. sunny, misty, cloudy, raining, etc.)

Visibility (i.e. good, reasonable, bad, etc.)

Road surface (i.e. gravel, sand, tar, etc.)

Street lights - on or off

Own vehicle's lights – off, dim, bright

Other vehicle's lights – off, dim , bright

Speed of own vehicle at time of accident

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

RAF3

9 SKETCH PLAN OF THE SCENE OF THE ACCIDENT

N

W E

S

10 DETAILED DESCRIPTION OF THE ACCIDENT

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

RAF3

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

SERIOUS INJURY ASSESSMENT REPORT

RAF 4

(a) A claim for non-pecuniary loss ("general damages" or "pain and suffering") will not be considered unless this report is duly completed and submitted.
(b) The Road Accident Fund Act (Act No. 56 of 1996) requires this report to be compiled by a medical practitioner, registered in terms of the Health Professions Act (Act No. 56 of 1974).
(c) The assessment of the serious injury should be conducted in terms of the method provided in the Regulations promulgated under the Road Accident Fund Act.
(d) Submissions, medical reports and opinions may be submitted as annexures to this report.
(e) If any section of the form is not applicable, mark that section "N/A".
(f) The impairment evaluation reports for Upper Extremities, Lower Extremities and Spine and Pelvis are annexed. If the injury caused an impairment to another body part or system, attach the report specified in the AMA Guides (6th Ed).
(g) In completing this report, refer to the figures, tables and page numbers from the AMA Guides (6th Ed).

1 DETAILS OF PATIENT

Name and Surname

Date of assessment YYYY/MM/DD

ID Number

Date of accident YYYY/MM/DD

Claim number (if available)

Contact number

2 DETAILS OF MEDICAL PRACTIONER

Name & Surname

Telephone number

Practice Number (HPCSA and/or BHF)

E-mail address

3 LIST OF NON-SERIOUS INJURIES

In terms of the Road Accident Fund Act (Act No. 56 of 1996) and Regulation 3(1)(b)(i) promulgated thereunder, the Minister may publish in the Gazette, after consultation with the Minister of Health, a list of injuries which are for purposes of section 17 of the Act not to be regarded as serious injuries and no injury shall be assessed as serious if that injury meets the description of an injury which appears on the list. Once published, this part must be completed with reference to the list. A copy of the latest version of the list is available at www.raf.co.za. For more information contact the Road Accident Fund at ShareCall-number 0860 235 5523.

Number	Description of injury

SERIOUS INJURY ASSESSMENT REPORT

RAF 4

4 AMA IMPAIRMENT RATING: TO BE COMPLETED IF INJURY IS NOT ON LIST OF NON-SERIOUS INJURIES

4.1 Describe the nature of the motor vehicle accident
4.2 Medical Treatment rendered from date of accident to present
4.3 Current symptoms and complaints
4.4 Diagnosis
4.5 Conclusion regarding Physical Examination
4.6 Conclusion regarding Clinical Studies. (Review and document actual studies and findings from relevant diagnostic studies, Imaging including X-rays, CT,MRI,etc)
4.7 Medical History
4.8 Social and Personal history

SERIOUS INJURY ASSESSMENT REPORT

RAF 4

4 AMA IMPAIRMENT RATING: TO BE COMPLETED IF INJURY IS NOT ON LIST OF NON-SERIOUS INJURIES

4.9 Educational and Occupational history
4.10 Has the patient reached MMI?
4.11 Specify details regarding apportionment, if any
4.12 A clear, accurate, and complete report must be provided to support a rating of impairment with reference to clinical evaluation analysis of findings and discussion of how the impairment rating was calculated.
The following impairment evaluation reports are annexed:
·Annexure A: Upper Extremities (Chapter 15)
·Annexure B: Lower Extremities (Chapter 16)
·Annexure C: Spine and Pelvis (Chapter 17)
4.13 Exceptions

5 SERIOUS INJURY: THE NARRATIVE TEST

If the injury is not on the list of non-serious injuries and did not result in 30 per cent Whole Person Impairment, as provided in the AMA Guides, consider whether the injury resulted in any of the consequences set out below. Provide full details. If necessary, support the opinion with reports attached as annexures.

5.1 Serious long-term impairment or loss of a body function

5.2 Permanent serious disfigurement

5.3 Severe long-term mental or severe long-term behavioural disturbance or disorder

5.4 Loss of a foetus

SERIOUS INJURY ASSESSMENT REPORT

RAF 4

6 DECLARATION

I declare that to the best of my knowledge and belief the information and opinions set out in this report are true and correct in every respect.

Signature of Medical Practitioner	
	OFFICIAL STAMP
Signed at	
Date	YYYY-MM-DD

ANNEXURE A - UPPER EXTREMITY IMPAIRMENT EVALUATION

Name:		Exam Date:
ID Number:	Sex: F M Side: R L	Birth Date:
Diagnosis:		Injury Date:

	Diagnosis-Based Impairments				
Grade	Diagnosis / Criteria	Assigned Class	Grade Modifier Adjustments	Assigned Dx Grade	Final UEI
Digit (D) Wrist (W) Elbow (E) Shoulder(S)		0 1 2 3 4	Net GMFH 0 1 2 3 4 GMPE 0 1 2 3 4 GMCS 0 1 2 3 4 (Optional: QuickDASH Score:) Net Adjustment = (GMFH – CDX) + (GMPE – CDX) – (GMCS – CDX)	≤-2 -1 0 +1 ≥+2 A B C D E	
D W E S		0 1 2 3 4	Net GMFH 0 1 2 3 4 GMPE 0 1 2 3 4 GMCS 0 1 2 3 4 (Optional: QuickDASH Score:) Net Adjustment = (GMFH – CDX) + (GMPE – CDX) – (GMCS – CDX)	≤-2 -1 0 +1 ≥+2 A B C D E	
D W E S		0 1 2 3 4	Net GMFH 0 1 2 3 4 GMPE 0 1 2 3 4 GMCS 0 1 2 3 4 (Optional: QuickDASH Score:) Net Adjustment = (GMFH – CDX) + (GMPE – CDX) – (GMCS – CDX)	≤-2 -1 0 +1 ≥+2 A B C D E	
	Combined UEI				

Peripheral Nerve/ Entrapments					
Nerve	Sensory and Motor Grading	Assigned Class	Grade Modifier Adjustments	Assigned Dx Grade	Combined UEI
	Sensory Deficit: 0 1 2 3 4 n/a Motor Deficit: 0 1 2 3 4 n/a	Sensory Deficit: 0 1 2 3 4 Motor Deficit: 0 1 2 3 4 n/a	GMFH 0 1 2 3 4 n/a GMCS 0 1 2 3 4 n/a GMFH 0 1 2 3 4 n/a GMCS 0 1 2 3 4 n/a	Sensory: A B C D E Motor: A B C D E	
Entrapment					
	Electrodiagnostics:		Test: 0 1 2 3 4 n/a History 0 1 2 3 4 n/a Physical 0 1 2 3 4 n/a	Average: Functional Grade: Normal Mild Moderate Severe	

CRPS I Impairment				
Points	Assigned Class	Adjustments	Assigned Grade	Final UEI
	0 1 2 3 4	FH 0 1 2 3 4 n/a PE 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a	A B C D E	

Amputation				
Level	Assigned Class	Adjustments	Assigned Grade	Final UEI
	0 1 2 3 4	FH 0 1 2 3 4 n/a PE 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a	A B C D E	

Motion		
Joint	Total UEI	Assigned Class
		0 1 2 3 4
		0 1 2 3 4
		0 1 2 3 4
Combined UEI		

Signed: _____ Name (Print): _____ Date: _____

Adjustment Abbreviations
S = Shoulder
E = Elbow
W = Wrist
H = Hand
D = Digit
GMFH = Grade Modifier Functional History
GMPE = Grade Modifier Physical Examination
GMCS = Grade Modifier Clinical Studies

Summary	Final UEI
Diagnosis-Based Impairment	
Peripheral Nerve	
Entrapment	
CRPS (Stand-alone)	
Amputation	
Range of Motion (Stand-alone)	
Final Combined Impairment	
Whole Person Impairment	
Regional Impairments	

ANNEXURE B - LOWER EXTREMITY IMPAIRMENT EVALUATION

Name:	**Exam Date:**
ID Number: Sex: F M Side: R L	**Birth Date:**
Diagnosis:	**Injury Date:**

	Diagnosis-Based Impairments				
Grade	**Diagnosis / Criteria**	**Assigned Class**	**Grade Modifier Adjustments**	**Assigned Dx Grade**	**Final UEI**
Digit (D) Wrist (W) Elbow (E) Shoulder(S)		0 1 2 3 4	Net GMFH 0 1 2 3 4 GMPE 0 1 2 3 4 GMCS 0 1 2 3 4 (Optional: QuickDASH Score:) Net Adjustment = (GMFH – CDX) + (GMPE – CDX) + (GMCS – CDX)	≤–2 –1 0 +1 ≥+2 A B C D E	
D W E S		0 1 2 3 4	Net GMFH 0 1 2 3 4 GMPE 0 1 2 3 4 GMCS 0 1 2 3 4 (Optional: QuickDASH Score:) Net Adjustment = (GMFH – CDX) + (GMPE – CDX) + (GMCS – CDX)	≤–2 –1 0 +1 ≥+2 A B C D E	
D W E S		0 1 2 3 4	Net GMFH 0 1 2 3 4 GMPE 0 1 2 3 4 GMCS 0 1 2 3 4 (Optional: QuickDASH Score:) Net Adjustment = (GMFH – CDX) + (GMPE – CDX) + (GMCS – CDX)	≤–2 –1 0 +1 ≥+2 A B C D E	
	Combined UEI				

Peripheral Nerve/ Entrapments					
Nerve	**Sensory and Motor Grading**	**Assigned Class**	**Grade Modifier Adjustments**	**Assigned Dx Grade**	**Combined UEI**
	Sensory Deficit: 0 1 2 3 4 n/a Motor Deficit: 0 1 2 3 4 n/a	Sensory Deficit: 0 1 2 3 4 Motor Deficit: 0 1 2 3 4 n/a	GMFH 0 1 2 3 4 n/a GMCS 0 1 2 3 4 n/a GMFH 0 1 2 3 4 n/a GMCS 0 1 2 3 4 n/a	Sensory: A B C D E Motor: A B C D E	
Entrapment					
	Electrodiagnostics:		Test 0 1 2 3 4 n/a History 0 1 2 3 4 n/a Physical 0 1 2 3 4 n/a	Average: Functional Grade: Normal Mild Moderate Severe	

CRPS I Impairment				
Points	**Assigned Class**	**Adjustments**	**Assigned Grade**	**Final UEI**
	0 1 2 3 4	FH 0 1 2 3 4 n/a PE 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a	A B C D E	

Amputation Level	**Assigned Class**	**Adjustments**	**Assigned Grade**	**Final UEI**
	0 1 2 3 4	FH 0 1 2 3 4 n/a PE 0 1 2 3 4 n/a CS 0 1 2 3 4 n/a	A B C D E	

Motion		
Joint	**Total UEI**	**Assigned Class**
		0 1 2 3 4
		0 1 2 3 4
		0 1 2 3 4
Combined UEI		

Adjustment Abbreviations
S = Shoulder
E = Elbow
W = Wrist
H = Hand
D = Digit
GMFH = Grade Modifier Functional History
GMPE = Grade Modifier Physical Examination
GMCS = Grade Modifier Clinical Studies

Summary	**Final UEI**
Diagnosis-Based Impairment	
Peripheral Nerve	
Entrapment	
CRPS (Stand-alone)	
Amputation	
Range of Motion (Stand-alone)	
Final Combined Impairment	
Whole Person Impairment	
Regional Impairments	

Signed: _____ Name (Print): _____ Date: _____

ANNEXURE C - SPINE AND PELVIS IMPAIRMENT EVALUATION

Name:				Exam Date:	
ID Number:		Sex: F M	Side: R L	Birth Date:	
Diagnosis:				Injury Date:	
	Diagnosis-Based Impairments				
Grid	Diagnosis / Criteria	Class Diagnosis (CDX)	Grade Modifier Adjustments	Net Adjustment Value and Assigned Grade Modifier	Whole Person Impairment
Cervical (C)		0 1 2 3 4	GMFH 0 1 2 3 4 n/a GMPE 0 1 2 3 4 n/a GMCS 0 1 2 3 4 n/a Net Adjustment = (GMFH – CDX) + (GMPE – CDX) + (GMCS – CDX)	Adjusted Grade = Net Adjustment applied to Default Value C ≤-2 -1 0 +1 ≥2 A B C D E	
Thoracic (T)		0 1 2 3 4	GMFH 0 1 2 3 4 n/a GMPE 0 1 2 3 4 n/a GMCS 0 1 2 3 4 n/a	Adjusted Grade ≤-2 -1 0 +1 ≥2 A B C D E	
Lumbar (L)		0 1 2 3 4	GMFH 0 1 2 3 4 n/a GMPE 0 1 2 3 4 n/a GMCS 0 1 2 3 4 n/a	Adjusted Grade ≤-2 -1 0 +1 ≥2 A B C D E	
Pelvis (P)		0 1 2 3 4	GMFH 0 1 2 3 4 n/a GMPE 0 1 2 3 4 n/a GMCS 0 1 2 3 4 n/a	Adjusted Grade ≤-2 -1 0 +1 ≥2 A B C D E	

Signed: Date: Whole Person Impairment:

NOTIFICATION OF DISPUTE

RAF5

1 TO BE COMPLETED WHERE THIRD PARTY REQUESTS DISPUTE RESOLUTION:

Title | Surname

Name

Date of birth | Sex | Male | Female

YYYY/MM/DD

ID Number / Passport Number

Residential Address

Postal Address

Home telephone number

Work telephone number

Fax number

Cell

Email

2 TO BE COMPLETED WHERE THE FUND REQUESTS DISPUTE RESOLUTION:

Complete available details of the third party:

Title | Surname

Name

Date of birth | Sex | Male | Female

YYYY/MM/DD

ID Number / Passport number

Residential Address

Postal Address

Home telephone number

Work telephone number

Fax number

Cell phone number

Email

NOTIFICATION OF DISPUTE

RAF5

2 TO BE COMPLETED WHERE THE FUND REQUESTS DISPUTE RESOLUTION:

Details of Fund contact person:

Title

Surname

Name

Postal Address

Telephone number

Fax number

Email

Reference

3 INDICATE NATURE OF DISPUTE RESOLUTION:

☐ Dispute of assessment - complete paragraphs 4 and 6.

☐ Dispute of rejection of serious injury assessment report - complete paragraphs 5 and 6.

4 ASSESSMENT DETAILS:

Who performed the assessment?

When was the assessment performed?

YYYY/MM/DD

When were you advised of the outcome of the assessment?

YYYY/MM/DD

(Please attach the serious injury assessment report - RAF4)

5 REJECTION DETAILS:

When was the serious injury assessment report rejected?

YYYY/MM/DD

When were you advised that the report has been rejected?

YYYY/MM/DD

(Please attach reasons furnished by the Fund)

NOTIFICATION OF DISPUTE

RAF5

6 DETAILS OF DISPUTE

Set out the grounds upon which you are disputing the assessment / rejection of the serious injury assessment report. Attach all submissions, medical reports and opinions that you rely upon.

Signature of the person requesting dispute resolution

Date

PLEASE SEND THIS NOTICE TO THE REGISTRAR OF THE HPCSA,
P O Box 205 Pretoria 0001 OR facsimile 012 328 5120 OR hpcsa@hpcsa.co.za.
(IMPORTANT: Kindly RETAIN PROOF OF WHEN this notice was posted per registered post, faxed or sent per e-mail)

NOTIFICATION OF DISPUTE

RAF5

NOTIFICATION OF DISPUTE IN RELATION TO THE ASSESSMENT OF A SERIOUS INJURY

HOW DISPUTE RESOLUTION WILL HELP YOU?

In terms of the Act and the Regulations your claim for non-pecuniary loss must be supported by a serious injury assessment report, indicating that the injury has been assessed as serious by a medical practitioner and the Fund must be satisfied that the injury has been correctly assessed as serious.

What disputes are covered by the dispute resolution service?

Dispute resolution helps you if:

- the medical practitioner has assessed your injury as "not serious"; or
- if the Fund has rejected a serious injury assessment report by a medical practitioner in terms of which your injury has been assessed as "serious".

You must indicate on the form whether you wish to dispute the assessment of the medical practitioner or the rejection of the report by the Fund. If you disagree with either of these, you may lodge a dispute with the Registrar of the Heath Professions Council of South Africa ("the HPCSA").

When must a dispute be lodged?

Within 90 days of being notified of the outcome of the assessment or being notified of the rejection of the serious injury assessment report and the reasons therefore, failing which you may apply to the Registrar of the HPCSA for approval (condonation) for late notification.

How does the dispute resolution process work?

a) Your notification must be lodged with the Registrar together with all the submissions (argument), medical reports or opinions (expert advice) that you want to rely on.

b) After you lodge your dispute, the Registrar must then inform the Fund of the dispute and give the Fund copies of all the documentation submitted by you.

c) The Fund then has 60 days to answer your case by giving the Registrar their submissions, medical reports or opinions.

d) After this, the Registrar will then inform you about the names of the medical practioners appointed to decide your dispute. You may object to these appointments if you wish to do so.

e) If asked to do so, the appeal tribunal may say that legal arguments should be made on certain issues and an attorney or advocate will then be appointed to hear such argument.

f) The appeal tribunal is given extensive powers under the regulations to enable them to deal with the dispute:

- The tribunal may tell you that you have to undergo another assessment by a medical practitioner for which the Fund will pay.
- The tribunal may say that you must appear before them so that they can examine your injury for themselves.
- The tribunal may ask you for further submissions or medical records.

g) If asked to do one of the above, you should comply with the request, otherwise the appeal tribunal may refuse to decide your dispute.

h) Ultimately, the appeal tribunal will decide your dispute and you will be informed of the outcome by the Registrar. The Fund will be obliged to accept the findings of the appeal tribunal.

How long will it take?

The appeal tribunal, appointed by the Registrar of the HPCSA to consider your dispute, must publish its findings within 90 days from the date that the dispute is referred to it, which will normally be done after the Fund has answered your case.

For further information please phone the Road Accident Fund on ShareCall-number: 0860 235 5523