
BOARD NOTICES • RAADSKENNISGEWINGS

BOARD NOTICE 66 OF 2021

ROAD ACCIDENT FUND

DRAFT TERMS AND CONDITIONS UPON WHICH CLAIMS FOR COMPENSATION SHALL BE ADMINISTERED

The Road Accident Fund hereby, in accordance with section 4(1)(a) of the Road Accident Fund Act, No. 56 of 1996, publishes for comment the draft terms and conditions upon which claims for compensation shall be administered, as set out in the Schedule hereto.

Interested persons are invited to submit their comments on the draft terms and conditions, in writing, within 30 days of the date of publication, to: the Acting General Manager: Legal Services, Road Accident Fund, Private Bag X178, Centurion, 0046, or per e-mail to Justicem@raf.co.za.

Kindly provide the name, address, telephone, fax number and e-mail address of the person or organisation submitting the comments.

SCHEDULE

1. In this Schedule "the Act" means the Road Accident Fund Act, No. 56 of 1996.
2. In order to enable the Fund to effectively and efficiently administer claims, and in addition to the documentation required in terms of the Act to ensure that a valid claim is lodged which substantially complies with the Act, the following documents must be included and form part of the claim's supporting documents when lodging a claim with the Fund:
 - 2.1 Standard documentation applicable to both death and injury benefits:
 - 2.1.1 Certified Copies of Identity Documents
 - 2.1.2 Accident Report Form, Case docket and sketch plan
 - 2.1.3 Power of Attorney and Contingency Fee Agreement
 - 2.1.4 Permission for the Fund to obtain and inspect hospital and medical records in terms of s19(e)(ii) and 19(e)(iii)
 - 2.1.5 All statements and documents in claimant's possession as outlined in S19(f)(ii)
 - 2.1.6 When the claimant is claiming in the capacity as guardian of a minor or for loss of support, copies of the unabridged birth certificate must accompany the claim form.
 - 2.1.7 If it is a Curator submitting a claim, certified copy of Court order/Masters' letters of appointment
 - 2.2 Claims administration requirements for death benefits claims
 - 2.2.1 Funeral Claim
 - 2.2.1.1 Death certificate
 - 2.2.1.2 Proof of the relationship of claimant to deceased (certified marriage certificate/ unabridged birth certificate/Affidavit confirming relationship)
 - 2.2.1.3 Post - mortem report
 - 2.2.1.4 A tax invoice for funeral expenses with proof of payment
 - 2.2.2 Loss of support
 - 2.2.2.1 Certified copy of deceased's ID
 - 2.2.2.2 Certified copy of death certificate
 - 2.2.2.3 Curatorship: Certified copy of court order/Letters of appointment
 - 2.2.2.4 Certified copy of marriage certificate/certificate proving customary marriage/un-abridged birth certificate
 - 2.2.2.5 If not married, an affidavit setting out the legal basis of claimant's dependency on deceased

- 2.2.2.6 Deceased's medical and hospital records, if applicable
- 2.2.2.7 Specified vouchers for medical costs if claimed
- 2.2.2.8 Post-mortem report/ Inquest record/charge sheet/other documents proving that the deceased was killed in the accident
- 2.2.2.9 Employer's certificate of deceased's service showing nature of employment, the period of service, remuneration, prospects of advancement and compensation and retirement age
- 2.2.2.10 Deceased's Payslips
- 2.2.2.11 Deceased's tax records (if not available, communication from SARS that Claimant is not registered for tax) in which case a bank statements for three years preceding death will be required.
- 2.2.2.12 Proof of any additional income, if applicable
- 2.2.2.13 Copy of Liquidation and Distribution account
- 2.2.2.14 Copy of maintenance order, if applicable
- 2.2.2.15 The child support grant official documents, if applicable
- 2.2.2.16 Employer's certificate of spouse indicating the period of employment, remuneration and advancement prospects
- 2.2.2.17 Official confirmation of the Compensation Fund's award if deceased died during the course and scope of employment
- 2.2.2.18 Actuarial report

2.3 Claims administration requirements for injury benefits claims

2.3.1 Past Medical Expenses

- 2.3.1.1 An itemised tax invoice from a registered medical provider or hospital for past medical expenses, together with proof of payment

2.3.2 Loss of earnings

- 2.3.2.1 Copies of all medical and hospital records, including photographs of the injuries
- 2.3.2.2 Employer's certificate showing nature of employment, the period of employment, remuneration, prospects of advancement and retirement age
- 2.3.2.3 Proof of any other income, if applicable
- 2.3.2.4 Claimant's tax records (if not available, communication from SARS that Claimant is not registered for tax) in which case a bank statements for three years preceding death will be required.
- 2.3.2.5 Payslips pre and post-accident
- 2.3.2.6 Copies of all hospital and medical records in terms of s 19(e)(i) and 19(e)(ii)
- 2.3.2.7 Copies of all hospital and medical accounts
- 2.3.2.8 Medical reports or documentation establishing or substantiating claimant's temporary/permanent disability and the loss of earnings claimed
- 2.3.2.9 Official confirmation of remuneration/compensation received from other sources
- 2.3.2.10 Official documentation confirming any disability grant
- 2.3.2.11 Official confirmation of the Compensation Fund's award if claimant was injured during the course and scope of employment.

2.3.3 General damages

- 2.3.3.1 Duly completed RAF 4 FORM
- 2.3.3.2 Copies of all hospital and medical records in terms of s 19(e)(i) and 19(e)(ii)
- 2.3.3.3 Medical reports
- 2.3.3.4 Photographs of injuries or scarring, where applicable

2.4 Mandatory information / documentation to be submitted for claims payments

- 2.4.1 To ensure that payments are processed in line with the settlement agreements concluded and/ in compliance with court orders, the following documents must accompany any request for payment:

- 2.4.1.1 Stamped Court Order/duly signed discharge form or settlement agreement:
- 2.4.1.2 Duly signed Power of Attorney

- 2.4.1.3 Tax clearance certificate, which shall be submitted by the claimants' attorneys at least once a year.
- 2.4.1.4 Proof of banking details / confirmation of Banking Details (Trust Account).
- 2.4.1.5 Copy of the Contingency Fee Agreement concluded with the claimant and Proof of compliance with section 4 of the Contingency Fee Act, alternatively, the attorney must submit an affidavit to confirm that there is no contingency fee agreement.