

NOTICE 338 OF 2014

DEPARTMENT OF TRANSPORT

PUBLICATION FOR COMMENTS: DRAFT ROAD ACCIDENT BENEFIT SCHEME
REGULATIONS

The Minister of Transport, Ms Dipuo Peters, MP, hereby in terms of section 55 of the draft Road Accident Benefit Scheme Bill, 2014, publishes for public comment, the draft Road Accident Benefit Scheme Regulations, 2014 in the Schedules.

Any interested persons are requested to submit written comments in connection with the draft Road Accident Benefit Scheme Regulations within 60 days from the date of publication of this notice in the Government Gazette.

All comments should be posted to the Director-General Department of Transport for the attention of Ms Kgothatso Kgantsi at:

Department of Transport
Private Bag X193
PRETORIA
0001

E-mail: KgantsiK@dot.gov.za
Tel: 012 309 3917 or 012 309 3476
Fax: 012 309 3502

By hand delivery to: RABS Bill, Ground Floor, Forum Building, 159 Struben Street, Pretoria, 0002, or comments can be e-mailed to: rabsbill@dot.gov.za

Comments received after the closing date may not be considered.

ROAD ACCIDENT BENEFIT SCHEME ACT, 2014**ROAD ACCIDENT BENEFIT SCHEME REGULATIONS, 2014**

The Minister of Transport has, under section 55 of the Road Accident Benefit Scheme Act, 2014, made the Regulations in the Schedules hereto.

SCHEDULE A**1. Definitions**

In these Regulations, unless the context clearly indicates otherwise, an expression or word to which a meaning has been assigned in the Road Accident Benefit Scheme Bill, 2014, bears the same meaning.

2. Service of process commencing litigation

A notice or other process commencing litigation against the Administrator in any court may be served on the Administrator in any manner provided for in the Uniform Rules of Court, provided that service on the Administrator shall not be effective unless—

- (a) an electronic copy of the notice or other process is sent to the email address indicated on the Administrator's website;
- (b) the notice or process is faxed to the facsimile number indicated on the Administrator's website; or
- (c) a hard copy of the notice or process is delivered to the physical address of the head office of the Administrator indicated on its website.

3. Subpoena to appear before the Administrator

- (1) A subpoena to appear before the Administrator must be in a form substantially similar to Form 1 attached hereto.
- (2) A subpoena to appear before the Administrator may be served in any manner provided for in the Uniform Rules of Court.

FORM 1**SUBPOENA TO APPEAR BEFORE ROAD ACCIDENT BENEFIT SCHEME
ADMINISTRATOR**

To the sheriff:

INFORM

- (1) State name
- (2) State gender
- (3) State place of business or residence of person

that he/she is hereby required to appear in person before the Road Accident Benefit Scheme Administrator at on the day of 20..... at (time) and thereafter to remain in attendance until excused by the Administrator, in order to furnish information concerning an investigation into

AND INFORM him or her that he/she is further required to bring with him/her to produce to the Administrator (here describe accurately each document, book or other thing to be produced).

AND INFORM him or her further that he or she should on no account neglect to comply with this subpoena as he or she may thereby commit an offence and render him- or herself liable to a fine not exceeding R50,000.00.

DATED at this day of 20.....

.....
Name of Authorised Official of Road
Accident Benefit Scheme Administrator

SCHEDULE B**1. Average Annual National Income**

The Minister of Transport hereby, in accordance with section 55(4) of the Road Accident Benefit Scheme Bill, 2014 determine the average annual national income to be R43, 965.00 (Forty Three Thousand Nine Hundred and Sixty Five Rands).

2. Pre-accident income cap

The Minister of Transport hereby, in accordance with section 55(5) of the Road Accident Benefit Scheme Bill, 2014 determine the pre-accident income cap to be R 219 820.00. (Two Hundred and Nineteen Thousand Eight Hundred and Twenty Rands).

BOARD NOTICE

NOTICE 50 OF 2014**ROAD ACCIDENT FUND****ROAD ACCIDENT BENEFIT SCHEME BILL [2014]****RULES**

The Board of the Road Accident Fund intends, under section 56 of the Road Accident Benefit Scheme Bill[B 2014] published simultaneously herewith, to make the rules and determine the forms in the schedule.

Signed on 30 April 2014.



Dr N Bhengu

Chairperson: Road Accident Fund Board

Interested persons are invited to submit comments on the proposed rules and forms, in writing, within 60 days from date of publication of this notice for attention to:

Mr Chris Willemse
Senior Manager: Regulation
Tel: 012 6211833
Fax: 012 621 1640
Road Accident Fund
Private Bag X178
Centurion
0046

or

E-mail: RABS-Rules@raf.co.za

SCHEDULE

CHAPTER 1

DEFINITIONS

In these rules, unless the context clearly otherwise indicates, an expression or word to which a meaning has been assigned in the Road Accident Benefit Scheme Bill [2014], bears the same meaning, and -

"accident report" means the report, contemplated in section 50 of the Act, in the form of the RABS 1 form, attached hereto as Annexure A;

"assessor" means an occupational therapist or other suitable expert, contemplated in subsection 37(1)(d) of the Act;

"bank indemnity form" means a form, substantially similar to the RABS 10 form, attached hereto as Annexure J;

"CCSA" means the *Complete CPT[®] for South Africa* and consists of the American Medical Association's *Physicians' Current Procedural Terminology*, which is a systematic listing and coding of procedures and services performed by medical practitioners;

"claim form" means a form substantially similar to a RABS 2, RABS 3, RABS 4, RABS 5 or RABS 6 forms, respectively attached hereto as Annexure B, C, D, E and F;

"Council of Medical Schemes" means the council established by the Medical Schemes Act, 1998;

"CPT" means Current Procedural Terminology, a set of codes assigned to medical, surgical, and diagnostic services;

"e-claim form" means an electronic form, substantially similar to a claim form, which may be published by the administrator on its website or through other electronic means;

"e-incapacity certificate" means an electronic form, substantially similar to an incapacity certificate, which may be published by the administrator on its website or through other electronic means;

"e-notice of appeal form" means an electronic form, substantially similar to a notice of appeal form, which may be published by the Administrator on its website or through other electronic means;

"e-vocational ability assessment" means an electronic form, substantially similar to a vocational ability assessment, which may be published by the administrator on its website or through other electronic means;

"ICD 10" means the International Statistical Classification of Diseases and Health Related Problems, 10th revision, a medical classification list for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases;

"incapacity certificate" means a form, substantially similar to the **RABS 7** form, attached hereto as Annexure G;

"NAPPI" means the National Pharmaceutical Product Index coding system for pharmaceutical, surgical and healthcare consumable products;

"notice of appeal form" means a form, substantially similar to the **RABS 8** form, attached hereto as Annexure H;

"pre-authorisation" means prior authorization from the administrator before a health care service is provided to an injured person, obtained in accordance with Chapter 3;

"pre-authorisation request" means a form, substantially similar to the **RABS 9** form, attached hereto as Annexure I;

"SAOPA" means the tariff code as determined and published by the South African Orthotics and Prosthetics Association;

"road accident report" means the part of a claim form titled "ROAD ACCIDENT REPORT";

"the Act" means the Road Accident Benefit Scheme Bill [2014]; and

"vocational ability assessment" means a form, substantially similar to the **RABS 11** form, attached hereto as Annexure K.

CHAPTER 2

CLAIMS FOR BENEFITS

1. Any reference made in these rules to a claim form shall include an e-claim form.

2. A qualifying person wishing to claim a benefit must submit the applicable, correctly completed, claim form, at any of the administrator's offices by hand, by registered mail or electronically, provided that a contracted health care service provider must submit a claim in accordance with the terms of the agreement concluded with the administrator.
3. A claim shall not be accepted by the administrator as a valid claim unless the -
 - 3.1. identities of the claimant, injured person, dependent and deceased breadwinner (as the case may be), are proven in the manner specified in Chapter 5;
 - 3.2. road accident report is completed;
 - 3.3. declarations on the claim form, and any other form required to be submitted with the claim, are completed;
 - 3.4. statutory affidavit is completed and commissioned;
 - 3.5. claim form, and any other form required to be submitted with the claim, are signed; and
 - 3.6. documentation required by rule 6 is attached to the claim form.
4. If a beneficiary has at the time when the benefit is to be paid already received payment of damages or compensation (the principal sum) in terms of the Compensation for Occupational Injuries and Diseases Act, 1993 or the Defence Act, 2002 the administrator must:
 - 4.1. in respect of a health care service benefit, first set off against the principal sum received in respect of medical and related services, as the case may be, the amount of the health care service benefit claimed and determined by the administrator to be due to beneficiary;
 - 4.2. in respect of a temporary or long-term income support benefit, first set off (on a monthly basis) against the principal sum received in respect of loss of income or loss of earning capacity, as the case may be, the monthly installment in respect of the temporary or long-term income support benefit determined by the administrator to be due to the beneficiary;
 - 4.3. in respect of a family support benefit, first set off (on a monthly basis) against the principal sum received in respect of loss of support, the monthly installment in respect of the family support benefit claimed and determined by the administrator to be due to the beneficiary;

- 4.4. in respect of a funeral benefit, first set off against the principal sum received in respect of funeral and related expenses, as the case may be, the amount of the funeral benefit claimed and determined by the administrator to be due to the beneficiary; and
- 4.5. if a benefit contemplated in sub-rules 4.1, 4.2, 4.3 or 4.4 is due, no part of the benefit shall be paid until the principal sum has been extinguished through set off.
5. A benefit claimed and determined by the administrator to be due to the beneficiary shall be paid into the bank account designated on the bank indemnity form submitted with the claim, provided that if further bank indemnity forms are received by the administrator payment shall be made into the bank account designated on the last bank indemnity form received, providing that any later bank indemnity forms received shall be deemed received by the administrator only 14 days after lodgment with the administrator.
6. The following documentation must be provided in respect of the benefits claimed:

HEALTH CARE SERVICES

- 6.1. A claim for a health care service benefit must be submitted on a completed claim form (RABS 2 form).
- 6.2. The claimant, if the claimant is a **medical scheme**, must submit the following documents with the completed RABS 2 form:
- 6.2.1. if the claimant has not previously in the calendar year submitted documentary proof of its registration with the Council of Medical Schemes, a certified copy of the claimant's valid certificate of registration issued by the Registrar;
- 6.2.2. the original or certified copy of the invoice of the health care service provider to the medical scheme in respect of the health care service provided to the injured person, reflecting the following minimum information:
- 6.2.2.1. the name and address of the claimant;
- 6.2.2.2. the name and address of the health care service provider;
- 6.2.2.3. the practice number of the health care service provider (if registration of the health care service provider is required with a professional body);

- 6.2.2.4. the RABS claim number (if available);
 - 6.2.2.5. the RABS pre-authorisation number (if pre-authorisation is required in terms of Chapter 3);
 - 6.2.2.6. the name and surname of the injured person;
 - 6.2.2.7. the identity number, passport number, date of birth, or other official identifying number, in respect of the injured person (if available);
 - 6.2.2.8. the date on which the health care service was provided to the injured person;
 - 6.2.2.9. ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
 - 6.2.2.10. the amounts claimed per item.
- 6.2.3. proof of payment by the claimant of the invoice contemplated in sub-rule 6.2.2; and
- 6.2.4. if the claimant has not previously submitted a bank indemnity form to the administrator, a completed bank indemnity form (RABS 10 form).
- 6.3. The claimant, if the claimant is a **health care service provider**, must submit the following documents with the completed RABS 2 form:
- 6.3.1. If the claimant has not previously in the calendar year submitted documentary proof of its registration with the Health Professional Counsel, Allied Health Professions Council of South Africa, or other professional body, if registration with such a professional body is required by law, a certified copy of the claimant's valid registration;
 - 6.3.2. the original or certified copy of the invoice in respect of the health care service provided to the injured person by the claimant, reflecting the following minimum information:
 - 6.3.2.1. the name and address of the claimant;
 - 6.3.2.2. the practice number of the claimant (if registration of the claimant is required with a professional body);

- 6.3.2.3. the RABS claim number (if available);
 - 6.3.2.4. the RABS pre-authorisation number (if pre-authorisation is required in terms of the rules set out in Chapter 3);
 - 6.3.2.5. the name and surname of the injured person;
 - 6.3.2.6. the identity number, passport number, date of birth, or other official identifying number, in respect of the injured person (if available);
 - 6.3.2.7. the date on which the health care service was provided to the injured person;
 - 6.3.2.8. ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
 - 6.3.2.9. the amounts claimed per item.
- 6.3.3. if the claimant has not previously submitted a bank indemnity form to the administrator, a completed bank indemnity form (RABS 10 form).
- 6.4. The claimant, if the claimant is not the injured person but a person who paid for a health care service provided to the injured person, shall submit the following documents with the completed RABS 2 form:
- 6.4.1. the original or certified copy of the invoice in respect of the health care service provided to the injured person by the health care service provider, reflecting the following minimum information:
 - 6.4.1.1. the name of the claimant;
 - 6.4.1.2. the name and address of the health care service provider;
 - 6.4.1.3. the practice number of the health care service provider (if registration of the health care service provider is required with a professional body);
 - 6.4.1.4. the RABS claim number (if available);
 - 6.4.1.5. the RABS pre-authorisation number (if pre-authorisation is required in terms of the rules set out in Chapter 3);

- 6.4.1.6. the name and surname of the injured person;
 - 6.4.1.7. the identity number, passport number, date of birth, or other official identifying number, in respect of the injured person (if available);
 - 6.4.1.8. the date on which the health care service was provided to the injured person;
 - 6.4.1.9. ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
 - 6.4.1.10. the amounts claimed per item.
- 6.4.2. proof of payment by the claimant of the invoice contemplated in sub-rule 6.4.1; and
- 6.4.3. if the claimant has not previously submitted a bank indemnity form to the administrator, a completed bank indemnity form (RABS 10 form).
- 6.5. The claimant, if the claimant is the injured person, shall submit the following documents with the completed RABS 2 form:
- 6.5.1. the original or certified copy of the invoice in respect of the health care service provided to the claimant by the health care service provider, reflecting the following minimum information:
 - 6.5.1.1. the name of the claimant;
 - 6.5.1.2. the name and address of the health care service provider;
 - 6.5.1.3. the practice number of the health care service provider (if registration of the health care service provider is required with a professional body);
 - 6.5.1.4. the RABS claim number (if available);
 - 6.5.1.5. the RABS pre-authorisation number (if pre-authorisation is required in terms of the rules set out in Chapter 3);
 - 6.5.1.6. the name and surname of the injured person (claimant);
 - 6.5.1.7. the identity number, passport number, date of birth, or other official identifying number, in respect of the injured person (claimant);

- 6.5.1.8. the date on which the health care service was provided to the injured person (claimant);
- 6.5.1.9. ICD 10 and CPT / CCSA / NAPPi / SAOPA codes (if applicable) or other itemised details of the health care service; and
- 6.5.1.10. the amounts claimed per item.
- 6.5.2. proof of payment by the claimant of the invoice contemplated in sub-rule 6.5.1; and
- 6.5.3. if the claimant has not previously submitted a bank indemnity form to the administrator, a completed bank indemnity form (RABS 10 form).
- 6.6. The claimant, if the claimant is a natural or legal person acting in a representative capacity on behalf of a claimant contemplated in sub-rules 6.2, 6.3, 6.4 or 6.5 shall submit the following documents with the RABS 2 form:
 - 6.6.1. documentary proof of the claimant's authority to act for the person contemplated in sub-rules 6.2, 6.3, 6.4 or 6.5, as the case may be (the represented);
 - 6.6.2. if the represented is a medical scheme, proof (certified copy) of registration contemplated in sub-rule 6.2.1, if such documentary proof has not already been provided to the administrator in the calendar year;
 - 6.6.3. if the represented is a health care service provider, proof (certified copy) of registration contemplated in sub-rule 6.3.1, if such documentary proof has not already been provided to the administrator in the calendar year;
 - 6.6.4. the original or certified copy of the invoice in respect of the health care service provided to the injured person by the health care service provider, reflecting the following minimum information:
 - 6.6.4.1. the name of the represented or injured person, as the case may be;
 - 6.6.4.2. the name and address of the health care service provider;
 - 6.6.4.3. the practice number of the health care service provider (if registration of the health care service provider is required with a professional body);
 - 6.6.4.4. the RABS claim number (if available);

- 6.6.4.5. the RABS pre-authorisation number (if pre-authorisation is required in terms of the rules set out in Chapter 3);
- 6.6.4.6. the name and surname of the injured person;
- 6.6.4.7. the identity number, passport number, date of birth, or other official identifying number, in respect of the injured person (if available);
- 6.6.4.8. the date on which the health care service was provided to the injured person;
- 6.6.4.9. ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
- 6.6.4.10. the amounts claimed per item.
- 6.6.5. except for a claimant contemplated in sub-rule 6.3, proof of payment by the represented of the invoice contemplated in sub-rule 6.6.4; and
- 6.6.6. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator; provided that the RABS 10 form will not be required if payment of the benefit will be made to the represented who has already furnished the Administrator with the RABS 10 form.

TEMPORARY INCOMESUPPORT BENEFIT

- 6.7. A claim for a temporary income support benefit must be submitted on a completed claim form (RABS 3 form).
- 6.8. The claimant, if the claimant is the injured person, must submit the following documents with the completed RABS 3 form:
- 6.8.1. an incapacity certificate (RABS 7 form), provided that this will not be required where the medical practitioner has already completed and submitted an e-incapacity certificate;
- 6.8.2. in the event that the claimant was employed or otherwise earning an income at the time of the road accident, documentary proof must be furnished of the claimant's pre-accident income, as follows:

6.8.2.1. in the event that the claimant was required to submit income tax returns in any of the three tax years immediately preceding the date of the road accident, certified copies of such income tax assessments for each of the years for which an income tax return was submitted;

6.8.2.2. in the event that the claimant earned more than the average national income, but was not required to submit an income tax return in any of the three tax years preceding the date of the road accident, any one or more of the following documents must be supplied:

6.8.2.2.1. certified copies of pay slips issued by the claimant's employer;

6.8.2.2.2. if certified copies of pay slips are not available, the claimant's original contract of employment or letter of appointment confirming the salary earned;

6.8.2.2.3. if neither the pay slips nor the claimant's original contract of employment or letter of appointment are available, an original IRP5 certificate or any other original, verifiable documentation confirming the claimant's income earned, including but not limited to, order books and bank account statements;

6.8.2.2.4. if the documentation contemplated in sub-rule 6.8.2.2.3 is not available, an affidavit by the person or persons who paid the income, setting out the details of the claimant's pre-accident income earned.

6.8.3. an affidavit by the claimant confirming that the inability to perform his or her pre-accident occupation or work or earn an income is due to the injuries sustained by the claimant in the road accident; and

6.8.4. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.

6.9. The claimant, if the claimant is a person acting in a representative capacity on behalf of the claimant contemplated in sub-rule 6.8, must submit the following documents with the RABS 3 form:

- 6.9.1. documentary proof of the claimant's authority to act for the injured person;
- 6.9.2. an incapacity certificate (RABS 7 form), provided that this will not be required where the medical practitioner has already completed and submitted an e-incapacity certificate;
- 6.9.3. in the event that the injured person was employed or otherwise earning an income at the time of the road accident, documentary proof must be furnished of the injured person's income in the manner set out in sub-rule 6.8.2 above; and
- 6.9.4. an affidavit by the claimant confirming that the injured person's inability to perform his or her pre-accident occupation or work or earn an income is due to the injuries sustained in the road accident; and
- 6.9.5. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.

LONG-TERM INCOME SUPPORT BENEFIT

- 6.10. A claim for a long-term income support benefit must be submitted on a completed claim form (RABS 4 form).
- 6.11. The claimant, if the claimant is the injured person, must submit the following documents with the completed RABS 4 form:
 - 6.11.1. a completed vocational ability assessment (RABS 11 form), provided that this will not be required where the assessor has already completed and submitted an e-vocational ability assessment;
 - 6.11.2. if the claimant so elects, further written representations in respect of the claimant's vocational ability;
 - 6.11.3. if the claimant has not already claimed a temporary income support benefit, and in the event that the claimant was employed or otherwise earning an income at the time of the road accident, documentary proof must be furnished of the claimant's pre-accident income in the manner set out in sub-rule 6.8.2;

- 6.11.4. an affidavit by the claimant confirming that the injured person's inability to perform his or her pre-accident occupation or work or earn an income is due to the injuries sustained by the claimant in the road accident; and
- 6.11.5. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.
- 6.12. The claimant, if the claimant is a person acting in a representative capacity on behalf of the claimant contemplated in sub-rule 6.11, must submit the following documents with the RABS 4 form:
- 6.12.1. documentary proof of the claimant's authority to act for the injured person;
- 6.12.2. a completed vocational ability assessment (RABS 11 form), provided that this will not be required where the assessor has already completed and submitted an e-vocational ability assessment;
- 6.12.3. if the claimant so elects, further written representations in respect of the injured person's vocational ability;
- 6.12.4. if the injured person has not already claimed a temporary income support benefit, and in the event that the injured person was employed or otherwise earning an income at the time of the road accident, documentary proof must be furnished of the injured person's pre-accident income in the manner set out in sub-rule 6.8.2;
- 6.12.5. an affidavit by the claimant confirming that the injured person's inability to perform his or her pre-accident occupation or work or earn an income is due to the injuries sustained by the injured person in the road accident; and
- 6.12.6. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.

FAMILY SUPPORT BENEFIT

- 6.13. A claim for a family support benefit must be submitted on a completed claim form (RABS 5 form).

- 6.14. A separate RABS 5 form must be submitted in respect of each individual dependent wishing to submit a claim.
- 6.15. The claimant, if the claimant is a spouse of the deceased breadwinner, must submit the following documents with the completed RABS 5 form:
- 6.15.1. if the claimant was a spouse or civil union partner married to the deceased breadwinner –
- 6.15.1.1. in accordance with the Marriage Act, 1961, the claimant must prove the existence of the marriage by attaching one of the documents specified in rule 25;
- 6.15.1.2. in accordance the Recognition of Customary Marriages Act, 1998, the claimant must prove the existence of the marriage by attaching one of the documents specified in rule 26;
- 6.15.1.3. in accordance with the Civil Union Act, 2006, the claimant must prove the existence of the civil union by attaching one of the documents specified in rule 27;
- 6.15.1.4. in accordance with foreign law, the claimant must prove the existence of the marriage by attaching the documents specified in rule 28; or
- 6.15.1.5. if the claimant is unable to comply with the requirements under sub-rules 6.15.1.1, 6.15.1.2, 6.15.1.3 or 6.15.1.4, and was married to the deceased breadwinner in accordance with the tenets of any religion, the claimant must prove the existence of the marriage by attaching the documents specified in rule 29.
- 6.15.2. if the claimant was a partner of the deceased breadwinner in a permanent domestic life-partnership, in terms of which the claimant and the deceased breadwinner had established a contractual reciprocal duty of support, the claimant must prove the existence of the permanent domestic life-partnership by attaching the documents specified in rule 30.
- 6.15.3. the statutory affidavit specified in rule 31 by the claimant confirming -

- 6.15.3.1. that the marriage or permanent domestic life-partnership, as the case may be, was still in existence on the date of death of the deceased breadwinner;
 - 6.15.3.2. the pre-accident income of the claimant; and
 - 6.15.3.3. whether the claimant is employed or otherwise earning an income.
 - 6.15.4. documentary proof of the deceased breadwinner's income in the manner set out in sub-rule 6.8.2; and
 - 6.15.5. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.
- 6.16. The claimant, if the claim is made on behalf of a child of the deceased breadwinner, must submit the following documents with the completed RABS 5 form:
- 6.16.1. documentary proof of the claimant's authority to act on behalf of the child;
 - 6.16.2. documentary proof of the dependency of the child on the deceased breadwinner, by attaching the documents specified in rule 32;
 - 6.16.3. if no claim has been submitted by a claimant contemplated in sub-rule 6.15, documentary proof must be submitted of the deceased breadwinner's income in the manner set out in sub-rule 6.8.2; and
 - 6.16.4. a completed vendor bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.
- 6.17. The claimant, if the claimant was dependent on the deceased breadwinner but was not a spouse or child, must submit the following documents with the completed RABS 5 form:
- 6.17.1. if the claimant was a former spouse of the deceased breadwinner, providing a certified copy of a court order or consent paper (settlement agreement), requiring of the deceased breadwinner to pay support to the claimant;

- 6.17.2. if the claimant is a major descendant of the deceased breadwinner, the claimant must prove the dependency by attaching the documents specified in sub-rule 33.2;
 - 6.17.3. if the claimant is a parent, grandparent, grandchild or sibling of the deceased breadwinner, as the case may be, the claimant must prove the dependency by attaching the documents specified in sub-rule 33.4;
 - 6.17.4. if the claimant is any other person, the claimant must prove the dependency by attaching the documents specified in sub-rule 33.5;
 - 6.17.5. if the claimant is a claimant contemplated in sub-rules 6.17.2, 6.17.3 or 6.17.4, the claimant must submit a statutory affidavit by the claimant confirming whether or not the claimant is employed or otherwise earning an income;
 - 6.17.6. if no claim has been submitted by a claimant contemplated in sub-rules 6.15 or 6.16, documentary proof must be submitted of the deceased breadwinner's income in the manner set out in sub-rule 6.8.2; and
 - 6.17.7. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.
- 6.18. The claimant, if the claimant is acting in a representative capacity on behalf of a dependent (other than a child dependent), must submit the following documents with the completed RABS 5 form:
- 6.18.1. documentary proof of the claimant's authority to act for the dependent;
 - 6.18.2. if the claimant is a major descendant of the deceased breadwinner, who is subject to diminished legal capacity, the claimant must prove the dependency by attaching the documents specified in sub-rule 33.3;
 - 6.18.3. the further claim documents specified in sub-rules 6.17.5 and 6.17.6; and
 - 6.18.4. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.

FUNERAL BENEFIT

- 6.19. A claim for a funeral benefit must be submitted on a completed claim form (RABS 6 form).
- 6.20. The claimant, if the claimant is an immediate family member of the deceased, must submit the following documents with the completed RABS 6 form:
- 6.20.1. a statutory affidavit confirming the relationship between the claimant and the deceased to confirm that the claimant is the spouse, grandchild or child above the age of 18, sibling, parent or grandparent of the deceased;
 - 6.20.2. a certified copy of the BI-1663 or DHA-1663 registration of death form; and
 - 6.20.3. if the registration of death form does not confirm the cause of death as being a road accident the claimant must submit verifiable documentary proof, such as a certified copy of the Officer's Accident Report, post-mortem report, ambulance or hospital records, confirming that the road accident was the cause of death of the deceased; and
 - 6.20.4. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.
- 6.21. The claimant, if the claimant is not an immediate family member of the deceased, must submit the following documents with the completed RABS 6 form:
- 6.21.1. an original, detailed invoice, reflecting the following minimum information:
 - 6.21.1 the name of the claimant (if the funeral parlour is not the claimant);
 - 6.21.2 the name of the funeral parlour;
 - 6.21.3 the physical address of the funeral parlour;
 - 6.21.4 the contact details of the funeral parlour;
 - 6.21.5 the name and surname of the deceased;

- 6.21.2. the date of the funeral service; and
- 6.21.3. itemised details of the goods and services invoiced for.
- 6.21.4. a certified copy of the BI-1663 or DHA-1663 registration of death form;
- 6.21.5. if the registration of death form does not confirm the cause of death as being a road accident the claimant must submit verifiable documentary proof, such as a certified copy of the Officer's Accident Report, post-mortem report, ambulance or hospital records, confirming that the road accident was the cause of death of the deceased; and
- 6.21.6. a completed bank indemnity form (RABS 10 form), if the claimant has not previously submitted the aforementioned form to the administrator.

CHAPTER 3

PRE-AUTHORISATION OF HEALTH CARE SERVICES

- 7. A request for pre-authorisation must be made by completing and submitting a pre-authorisation request form (RABS 9 form).
- 8. The administrator may not pay a health care service benefit where pre-authorisation was required but not obtained.
- 9. The RABS 9 form must be accompanied by:
 - 9.1. a written motivation, clinical and other relevant reports;
 - 9.2. a detailed quotation specifying all of the relevant diagnosis (ICD 10) and procedural (CPT / CCSA / NAPPI / SAOPA) codes; and
 - 9.3. a treatment plan.
- 10. The RABS 9 form must be sent to the administrator not less than 72 hours before the health care service is required.
- 11. Subject to rule 12, pre-authorisation is required before receiving any of the following health care services:
 - 11.1. transport required to receive any health care service;
 - 11.2. pre-hospital care and inter-facility transfer;

- 11.3. hospitalisation and outpatient services;
 - 11.4. inter-facility transport and other transport;
 - 11.5. accommodation necessary to receive any health care service;
 - 11.6. rehabilitative care;
 - 11.7. vocational ability assessment and training;
 - 11.8. long-term personal care;
 - 11.9. assistive devices; and
 - 11.10. structural changes to homes, vehicles and the workplace.
12. Pre-authorisation is not required if:
- 12.1. the health care service is urgently required, in an emergency situation, in order to preserve the injured person's life or bodily functions, or where treatment cannot be delayed;
 - 12.2. in the opinion of a medical practitioner, who has personally examined the injured person, the injured person's medical condition, would subject the injured person to severe pain that cannot be adequately managed without immediate medical intervention; or
 - 12.3. the health care service is already authorised in accordance with an individual treatment and rehabilitation plan, or vocational training program.
13. Notwithstanding rule 12, once the injured person is admitted to hospital, pre-authorisation must be obtained within 72 hours of admission, in respect of medical health care services that will be provided after the 72 hour period.
14. The administrator may develop, and revise from time to time, policies setting out rules that provide guidance pertaining to the pre-authorisation of specific health care services.

CHAPTER 4

ASSESSMENT OF CLAIMANT'S INABILITY TO EARN AN INCOME

15. A claimant wishing to claim a temporary income support benefit or long-term income support benefit must prove the injured person's inability to earn and income in the manner set out in this chapter.
16. Unless inappropriate in the particular context, any reference made in these rules to an incapacity certificate (RABS 7 form) includes an e-incapacity certificate, and unless inappropriate in the particular context any reference made to a vocational ability certificate (RABS 11 form) includes an e-vocational ability certificate.
17. In respect of a claim for a temporary income support benefit –
 - 17.1. the injured person must submit to a physical examination by a medical practitioner;
 - 17.2. subject to sub-rule 6.8.1, the claimant must obtain from the medical practitioner a completed and signed RABS 7 form confirming that, based on the physical examination by the medical practitioner of the injured person; alternatively, based on other acceptable medical evidence reviewed by the medical practitioner, the injured person is unable to earn an income for the duration of the period specified in the RABS 7 form, on account of injury resulting from the road accident.
 - 17.3. For the RABS 7 form to be valid the medical practitioner must indicate the following:
 - 17.3.1. the name of the claimant;
 - 17.3.2. the identifying number of the injured person;
 - 17.3.3. the date of the physical examination or interview in the physical presence of the injured person;
 - 17.3.4. the date of the road accident;
 - 17.3.5. the injury diagnosed;
 - 17.3.6. whether the injury diagnosed results from the road accident;

- 17.3.7. whether the injured person is as a result of the injury considered unfit to perform his or her pre-accident occupation or work, or, if he or she did not have an occupation or work, whether he or she is able to earn an income;
- 17.3.8. the period for which the injured person is considered to be unfit to perform his or her occupation or work or earn an income;
- 17.3.9. the name, address, telephone number, and practice number of the medical practitioner issuing the RABS 7 form; and
- 17.3.10. the medical practitioner must sign the declaration on the RABS 7 form.

18. In respect of a claim for a long-term income support benefit –

- 18.1. The injured person must submit to an assessment by an assessor to determine the injured person's post-accident vocational ability.
- 18.2. Subject to sub-rule 6.11.1, the claimant must obtain from the assessor a completed and signed vocational ability assessment (RABS 11 form), recording the outcome of the assessment in respect of:
 - 18.2.1. the name of the injured person;
 - 18.2.2. and identifying number of the injured person;
 - 18.2.3. the date of the road accident;
 - 18.2.4. the date of the assessment;
 - 18.2.5. the nature of the injury;
 - 18.2.6. whether the injury results from the road accident;
 - 18.2.7. the treatment history in respect of the injury;
 - 18.2.8. whether the injured person, as a result of the road accident, suffered vocational disability;
 - 18.2.9. the period for which the vocational disability is likely to endure;

- 18.2.10. with reference to the age, qualifications, training, skills and experience of the injured person, the range of occupations or paid work the injured person is still able to perform;
 - 18.2.11. the name, address, telephone number, practice number of the assessor issuing the RABS 11 form; and
 - 18.2.12. the assessor must sign the declaration on the RABS 11 form.
19. Rules regarding training programs for assessors, or accreditation criteria for assessors may be made in future.

CHAPTER 5

PROOF OF IDENTITY

20. The identity of a claimant, injured person or dependent must be proven in the manner set out in this chapter.
21. If the claimant (natural person), injured person or dependent is a South African citizen, a certified copy of any one of the following documents must be submitted with the claim form:
- 21.1. identity document;
 - 21.2. valid passport;
 - 21.3. valid driver's license; or
 - 21.4. birth certificate.
22. If the claimant (natural person), injured person or dependent is not a South African citizen, a certified copy of any one of the following documents must be submitted with the claim form:
- 22.1. foreign passport;
 - 22.2. birth certificate issued by the country of origin;
 - 22.3. valid international driver's license;
 - 22.4. any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or

- 22.5. an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.
23. If the claimant is not a natural person, a certified copy of the applicable document listed below must be submitted with the claim form:
- 23.1. companies must submit a registration certificate;
- 23.2. foreign companies must submit the applicable official document of incorporation;
- 23.3. trusts must submit a trust deed;
- 23.4. close corporations must submit a founding statement;
- 23.5. partnerships must submit a partnership agreement; and
- 23.6. executors of deceased estates must submit a letter of executorship.

CHAPTER 6

PROOF OF DEPENDENCY

24. A claimant, wishing to claim a family support benefit in relation to a deceased breadwinner, must prove dependency in the manner set out in this chapter.
25. A spouse married to the deceased breadwinner in accordance with the Marriage Act, 1961 must prove the existence of the marriage by providing a certified copy of one of the following documents—
- 25.1. the marriage certificate issued by the marriage officer in accordance with regulation 5B of the Regulations made in terms of section 38 of the Marriage Act, 1961;
- 25.2. an abridged marriage certificate, issued by the Director-General of Home Affairs;
- 25.3. an unabridged marriage certificate, issued by the Director-General of Home Affairs; or
- 25.4. an original letter of confirmation of the spouse's marital status based on the particulars contained in a marriage register, issued by the Director-General of Home Affairs.

26. A spouse married to the deceased breadwinner in accordance the Recognition of Customary Marriages Act, 1998, must prove the existence of the marriage by providing a certified copy of one of the following documents –

- 26.1. a certificate of registration of the customary marriage issued in terms of sub-section 4(4)(b) of the Recognition of Customary Marriages Act, 1998;
- 26.2. an extract from the customary marriage register, confirming the registration of the customary marriage, issued by the Director-General of Home Affairs;
- 26.3. a copy of the customary marriage register, confirming the registration of the customary marriage, issued by the Director-General of Home Affairs; or
- 26.4. providing an affidavit by a person holding a position of authority in the deceased breadwinner's community, confirming the existence of the customary marriage; and
- 26.5. providing an affidavit deposed to by an immediate family member of the deceased breadwinner confirming the existence of the customary marriage:

Provided that if no immediate family member is available to depose to an affidavit, then any other persons with personal knowledge of the facts may depose to an affidavit confirming the existence of the marriage.

27. A civil union partner married to the deceased breadwinner in accordance with the Civil Union Act, 2006, must prove the existence of the civil union by providing a certified copy of one of the following documents –

- 27.1. a copy of the registration certificate issued by the marriage officer in terms of sub-section 12(3) of the Civil Union Act, 2006;
- 27.2. a copy of the abridged civil union registration certificate, issued by the Director-General of Home Affairs;
- 27.3. a copy of the unabridged civil union registration certificate, issued by the Director-General of Home Affairs; or
- 27.4. an original letter confirming the existence of the civil union, based on the particulars contained in the civil union register, issued by the Director-General of Home Affairs; or

27.5. a copy (reproduction) of the civil union register, issued by the Director-General of Home Affairs.

28. A spouse married to the deceased breadwinner in accordance with foreign law, must prove the existence of the marriage by –

28.1. providing a certified copy of the marriage certificate issued in accordance with the applicable foreign law; and

28.2. providing an affidavit deposed to by an immediate family member of the deceased breadwinner confirming the existence of the marriage:

Provided that:

(i) if the spouse is unable to provide the marriage certificate, then a further affidavit, in lieu of the marriage certificate, must be provided. The deponent to the further affidavit must be a government official of the foreign state who officially confirms the existence of the marriage; and

(ii) further providing that, if no immediate family member is available to depose to an affidavit, then any other persons with personal knowledge of the nature of the relationship between the spouse and the deceased breadwinner may depose to an affidavit confirming the existence of the marriage.

29. A spouse, who is unable to comply with the requirements under rules 25, 26, 27 or 28, and who is married to the deceased breadwinner in accordance with the tenets of any religion must prove the existence of the marriage by –

29.1. providing a certified copy of the certificate confirming the recognition of the marriage by the Minister of Home Affairs, issued by the Director-General of Home Affairs; or

29.2. providing an affidavit by a person holding a position of authority in the religious denomination or organization, confirming the solemnizing of the marriage according to the rites of the particular religion; and

29.3. providing an affidavit deposed to by an immediate family member of the deceased breadwinner confirming the existence of the marriage:

Provided that if no immediate family member is available to depose to an affidavit, then any other persons with personal knowledge of the nature of the relationship between the spouse and the deceased breadwinner may depose to an affidavit confirming the existence of the marriage.

30. A lifepartner of the deceased breadwinner in a permanent domestic lifepartnership, in terms of which the lifepartner and the deceased breadwinner had established a contractual reciprocal duty of support, must prove the existence of the permanent domestic lifepartnership—

30.1. in the case of a written agreement, by —

30.1.1. providing the original contract concluded between the lifepartner and the deceased breadwinner; and

30.1.2. providing an affidavit by the surviving life-partner confirming the permanent domestic life partnership; and

30.1.3. providing two affidavits deposed to by immediate family members of the deceased breadwinner confirming the existence of the permanent domestic lifepartnership;

Provided that if no immediate family member is available to depose to an affidavit, then any other person with personal knowledge of the facts may depose to an affidavit confirming the existence of the permanent domestic lifepartnership.

30.2. in respect of an oral agreement, by —

30.2.1. providing documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the joint household;

30.2.2. providing documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the support of any children of the surviving life partner;

30.2.3. providing documentary proof (certified copies) of the deceased's will, insurance policies, pension fund nominations forms, and other such documents where the deceased nominated the surviving lifepartner as a heir, legatee or beneficiary;

30.2.4. providing an affidavit by the surviving life partner confirming the permanent domestic life partnership; and

30.2.5. providing affidavits by not less than two immediate family members of the deceased breadwinner confirming the existence of the permanent domestic life partnership:

Provided that if no immediate family member is available to depose to an affidavit, then any other persons may depose to an affidavit confirming the existence of the permanent domestic lifepartnership.

31. In each of the instances provided for under rules 25, 26, 27, 28, 29 and 30 the spouse must depose to a statutory affidavit confirming –

31.1. that the marriage, civil union or permanent domestic lifepartnership, as the case may be, was still in existence on the date of death of the deceased breadwinner; and

31.2. the pre-accident income of the spouse, in the manner set out in sub-rule 6.8.2.

32. A claimant wishing to claim a family support benefit for a child, in relation to the deceased breadwinner, must prove dependency of the child, by providing the following documents –

32.1. a certified copy of the unabridged birth certificate in respect of the child, confirming the maternity or paternity of the deceased breadwinner, as the case may be, in relation to the child, issued by the Director-General of Home Affairs; or

32.2. a certified copy of the adoption order in respect of the child, confirming the adoption by the deceased breadwinner of the child, issued by the Registrar of Adoptions or foreign authority in respect of an inter-country adoption; or

32.3. providing affidavits by not less than two immediate family members of the deceased breadwinner confirming the maternity or paternity of the deceased breadwinner, as the case may be, in relation to the child:

Provided that if no immediate family member is available to depose to an affidavit, then any other persons with personal knowledge of the facts may depose to an affidavit confirming the maternity or paternity of the deceased breadwinner, as the case may be, in relation to the child.

33. A claimant, other than a spouse or a child, wishing to claim a family support benefit, must prove dependency in relation to the deceased breadwinner, by—

33.1. in respect of a former spouse, providing a certified copy of the court order or consent paper (settlement agreement) requiring of the deceased breadwinner to pay support to the claimant;

33.2. in respect of a major descendant of the deceased breadwinner, by —

33.2.1. providing a certified copy of a court order or consent paper (settlement agreement) requiring of the deceased breadwinner to pay support to the major descendant; or

33.2.2. providing documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the major descendant, such as bank statements of the claimant reflecting payment received from the deceased breadwinner; bank statements of the deceased breadwinner reflecting payment made by the deceased breadwinner in respect of items relating to the support of the claimant; and receipts issued to the deceased breadwinner in respect of payment made by the deceased breadwinner in respect of items relating to the support of the claimant; and

33.2.3. providing an affidavit by the major descendant confirming the nature of his dependency on the deceased breadwinner; and

33.2.4. providing affidavits by not less than two immediate family members of the deceased breadwinner confirming the nature of the major descendant's dependency on the deceased breadwinner:

Provided that if no immediate family member is available to depose to an affidavit, then any other persons with personal knowledge of the facts may depose to an affidavit confirming the nature of the major descendant's dependency on the deceased breadwinner.

33.3. in respect of a major descendant of the deceased breadwinner, who is subject to diminished legal capacity, by —

- 33.3.1. providing documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the major descendant, such as bank statements of the major descendant reflecting payment received from the deceased breadwinner; bank statements of the deceased breadwinner reflecting payment made by the deceased breadwinner in respect of items relating to the support of the major descendant; and receipts issued to the deceased breadwinner in respect of payment made by the deceased breadwinner in respect of items relating to the support of the major descendant; and
- 33.3.2. providing an affidavit by the legal guardian or curator of the major descendant, as the case may be, confirming the nature of his or her diminished legal capacity and dependency on the deceased breadwinner; and
- 33.3.3. providing affidavits by not less than two immediate family members of the deceased breadwinner confirming the nature of the major descendant's dependency on the deceased breadwinner;

Provided that if no immediate family member is available to depose to an affidavit, then any other persons with personal knowledge of the facts may depose to an affidavit confirming the nature of the major descendant's dependency on the deceased breadwinner.

- 33.4. in respect of a parent, grandparent, grandchild or sibling of the deceased breadwinner, as the case may be, by –
- 33.4.1. providing documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the support of the parent, grandparent, grandchild or sibling, as the case may be, such as bank statement of the parent, grandparent, grandchild or sibling reflecting payment received from the deceased breadwinner; bank statements of the deceased breadwinner reflecting payment made by the deceased breadwinner in respect of items relating to the support of the parent, grandparent, grandchild or sibling; and receipts issued to the deceased breadwinner in respect of payment made by the deceased breadwinner in

respect of items relating to the support of the parent, grandparent, grandchild or sibling;

- 33.4.2. providing an affidavit by the parent, grandparent, grandchild or sibling, as the case may be, confirming the nature of his dependency on the deceased breadwinner; and
- 33.4.3. providing affidavits by not less than two immediate family members of the deceased breadwinner confirming the nature of the parent's, grandparent's, grandchild's or sibling's, as the case may be, dependency on the deceased breadwinner:

Provided that if no immediate family member is available to depose to an affidavit, then any other persons with personal knowledge of the facts may depose to an affidavit confirming the nature of the parent's, grandparent's, grandchild's or sibling's, as the case may be, dependency on the deceased breadwinner.

- 33.5. in respect of any other person, in relations to the deceased breadwinner, by -
 - 33.5.1. providing an affidavit by the person confirming the nature of his or her dependency on the deceased breadwinner and confirming the legal basis of the alleged entitlement to receive support from the deceased breadwinner; and
 - 33.5.2. providing documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the support of the person, such as bank statements of the person reflecting payment received from the deceased breadwinner; bank statements of the deceased breadwinner reflecting payment made by the deceased breadwinner in respect of items relating to the support of the person; and receipts issued to the deceased breadwinner in respect of payment made by the deceased breadwinner in respect of items relating to the support of the person; and
 - 33.5.3. providing affidavits by not less than two immediate family members of the deceased breadwinner confirming the nature of person's dependency on the deceased breadwinner:

Provided that if no immediate family member is available to depose to an affidavit, then any other persons with personal knowledge of the facts may depose to an affidavit confirming the nature of the person's dependency on the deceased breadwinner.

CHAPTER 7

ACCIDENT REPORTS

34. Each driver of a vehicle involved in a road accident and, if the driver is not the owner of the vehicle, the owner of the vehicle also, must submit a completed accident report (RABS 1 form) to the administrator at any of the administrator's offices by hand, by registered mail or electronically, within 30 days from the date of the road accident, alternatively within thirty days of being in a position to do.
35. The administrator must utilize the information provided on the completed RABS 1 form to assist qualifying persons to submit claims.
36. Non-compliance with the obligations set out in rule 34 is an offence under the Act.
37. The administrator must report instances of non-compliance with rule 34 to the relevant authority.

CHAPTER 8

APPEALS

38. A claimant or beneficiary, as the case may be, who wishes to appeal against a decision of the administrator, or who lodges an appeal because the administrator has not accepted or rejected a claim within the period provided for in the Act, must submit a completed notice of appeal form (RABS 8 form) or an e-notice of appeal form to the administrator.
39. The claimant or beneficiary, as the case may be, must complete the RABS 8 form in all its particulars and submit it by hand at any of the administrator's offices, by registered mail, or electronically, within 30 days of being notified of the decision of the Administrator against which the appeal is lodged, alternatively, within 30 days of the time period provided in the Act for the administrator to accept or reject a claim.

40. For a notice of appeal to be valid the following minimum information must be provided:

- 40.1. the identify the claimant or beneficiary, as the case may be;
- 40.2. the contact details of the claimant or beneficiary, as the case may be;
- 40.3. details of the administrator's decision in respect of which the appeal is made;
- 40.4. the grounds on which the appeal is made;
- 40.5. if applicable, any new documentary evidence not already in the administrator's possession, on which the appeal is based; and
- 40.6. the resolution required.

41. The appeal body or bodies established by the administrator to determine appeals must acknowledge receipt of notice of appeals and communicate the outcome of appeals, in writing and with reasons, within 180 days from the date of lodgement of the RABS 8, or within 30 days if the appeal pertains to a failure by the administrator to accept or reject a claim the period provided for in the Act.

FORMS

The administrator determines the following forms for use as set out in the rules.

Annexure A

RABS 1: Accident Report

Annexure B

RABS 2: Claim Form

Health Care Services Benefit

Annexure C

RABS 3: Claim Form

Temporary Income Support Benefit

Annexure D

RABS 4: Claim Form

Long-Term Income Support Benefit

Annexure E

RABS 5: Claim Form

Family Support Benefit

Annexure F

RABS 6: Claim Form

Funeral Benefit

Annexure G

RABS 7: Form

Incapacity Certificate

Annexure H

RABS 8: Form

Notice of Appeal

Annexure I

RABS 9: Form

Pre-Authorisation Request

Annexure J

RABS 10:

Bank Indemnity Form

Annexure K

RABS 11: Form

Vocational Ability Assessment

Annexure A

RABS 1: Accident Report

Please complete this form if you were the driver of a vehicle involved in a road accident or, if you were not the driver but you are the owner of the vehicle involved in a road accident.

STATUTORY REPORT:

The law requires that each driver of a vehicle involved in a road accident and, if the driver is not the owner of the vehicle, the owner of the vehicle also, must submit a completed RABS 1 (Accident Report) to RABS.

This completed Accident Report must be submitted to RABS within 30 days from the date of the road accident. However, in the event that the driver / owner is not able to submit the Accident Report within the aforementioned period, then the Accident Report must be submitted to RABS within 30 days from when the owner / driver is in a position to comply.

Non-compliance with this requirement is an offence and the owner / driver may be liable on conviction to a fine not exceeding R50 000,00 or to imprisonment not exceeding three months.

WHAT IS THE ACCIDENT REPORT USED FOR?

RABS provides benefits to persons affected by injury or death caused by or arising from road accidents. RABS must:

- o assist qualifying persons to submit claims;
- o assess claims for benefits;
- o establish a database of claimants and beneficiaries; and
- o facilitate access to early and effective medical treatment for injured persons.

Furthermore, RABS may:

- o establish a road accident database; and
- o establish a medical and trauma database relating to road accidents.

The information provided in this Accident Report will be used to give effect to the above RABS duties and powers.

WHERE TO GET HELP TO COMPLETE THIS ACCIDENT REPORT:

Please phone one of the RABS consultants at 0800...RABS, for assistance. It is a free call.

Alternatively you can attend at any of the RABS offices or customer service centres for assistance.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document,

is deemed as consent by the data subject for RABS to process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO LODGE THE ACCIDENT REPORT:

The Accident Report (this completed form) can be lodged by –

Posting it to:

.....;

Faxing it to:

.....;

E-mailing it to:

.....;

Online at: www.rabs.gov.za; or

By physically delivering the Accident Report to any of the RABS offices or customer service centres nationally.

A. DRIVER DETAILS:

(Owners must also complete this paragraph in respect of the driver of the motor vehicle – if the driver was not the owner)

Name(s):

Surname (if applicable):

Identifying number:

(Tick the applicable box below)

☐ Identity number

☐ Passport number

☐ Drivers license

☐ Permit / Visa

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

Home / business address:

.....

.....

Language spoken:

B. OWNER'S DETAILS:

Name(s):

Surname (if applicable):

Identifying number:

(Tick the applicable box below)

☐ Identity number

☐ Passport number

☐ Drivers license

☐ Permit / Visa

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

Home / business address:

.....

.....

Language spoken:

C. ACCIDENT REPORT:

Date of accident:

Time of accident:

Where did the accident take place?

- City / town name:

- Street names:

.....

What is the registration number of the vehicle driven /
owned by you:

What are the registration number(s) of OTHER vehicle(s)
involved in the road accident?

-
-
-
-
-

Was the accident reported to the police? ☐ Yes ☐ No

If yes, kindly furnish the following information:

- Name of police station:
- Police reference number:

Was anyone else involved in the road accident?

☐ Yes ☐ No

Did anyone witness the road accident?

☐ Yes ☐ No

If you answered yes to either question, kindly furnish
the following details in respect of such persons (if
available):

1. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

2. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

3. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

4. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

D. STATUTORY DECLARATION:

Kindly indicate your response to the below declarations
and then sign in the space provided:

I
(full names and surname)

☐ the driver, or

☐ the owner, or

☐ the duly authorised representative of the owner,
(indicate which)

declare as follows:

I take note that any person who provides RABS with false or misleading information *knowing it to be false or misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this Accident Report is, to the best of my knowledge and belief, true and correct in every respect.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....
Full names and surname

.....
Signature

.....
Date

Annexure B

RABS 2 Claim Form: Health Care Services Benefit

Please complete this form to make a claim for a health care service benefit and be sure to attach the specified documentation.

WHAT CAN BE CLAIMED?

RABS provides benefits in respect of the following health care services reasonably required for the treatment, care and rehabilitation of a person injured in a road accident:

- pre-hospital care and inter-facility transfer;
- emergency and acute care;
- hospitalisation and outpatient services;
- inter-facility transport and other transport and accommodation necessary to receive any health care service;
- rehabilitative care;
- vocational ability assessment and training;
- long-term personal care;
- assistive devices;
- structural changes to homes, vehicles and the workplace; and
- medical reports required under the Act.

WHO CAN CLAIM?

The following persons may claim health care services benefits:

- a registered *medical scheme* in respect of payments made to a health care service provider;
- a registered *health care service provider* in respect of a health care service provided to an injured person;
- a *person who paid* for a health care service provided to the injured person;
- the *injured person* who received and paid for the health care service; or
- a *representative* who is claiming on behalf of any of the aforementioned persons.

WHAT IS PRE-AUTHORISATION?

The pre-authorisation process allows RABS to evaluate the medical necessity and appropriateness of certain health care services, in accordance with RABS rules and policies, to ensure that such health care services are provided and managed by RABS in an appropriate and effective manner that also ensures value for money.

Pre-authorisation is not required if:

- the health care service is urgently required, in an emergency situation, in order to preserve the injured person's life or bodily functions, or where treatment cannot be delayed; or
- in the opinion of a medical practitioner, who has personally examined the injured person, the injured person's medical condition, would subject the injured person to severe pain that cannot be adequately managed without immediate medical intervention.

However, once the injured person is admitted to hospital, pre-authorisation must be obtained within 72 hours of admission, in respect of medical health care services that will be provided after the 72 hour period.

Additionally, no pre-authorisation is required in respect of any health care service provided to the injured person in accordance with an individual treatment and rehabilitation plan, or vocational training program, which has been determined in accordance with the Act.

An application for pre-authorisation must be made on the RABS 9 Pre-Authorisation Request form.

Please phone one of the RABS consultants at 0800...RABS should you require more information or assistance. It is a free call.

WHAT OTHER DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM?

If the person making the claim is a medical scheme:

- a certified copy of the scheme's valid registration certificate issued by the Registrar of the Council of Medical Schemes (required if not previously submitted to RABS in the calendar year);
- the original or certified copy of the invoice in respect of the health care service provided to the injured person by the health care service provider, reflecting the following minimum information:
 - ☐ the name of the scheme;
 - ☐ the name and address of the health care service provider;
 - ☐ the practice number of the health care service provider (if registration of the health care service provider is required with a professional body);
 - ☐ the RABS claim number (if available);
 - ☐ the RABS pre-authorisation number (if pre-authorisation was required);
 - ☐ the name and surname of the injured person;
 - ☐ the identity number, passport number, date of birth, or other official identifying number, in respect of the injured person (if available);
 - ☐ the date on which the health care service was provided;
 - ☐ ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
 - ☐ the amounts claimed per item.
- proof of payment by the scheme of the invoice;
- documentary proof of the identity of the injured person –
 - ☐ if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ identity document;
 - ✓ valid passport;
 - ✓ valid driver's license; or
 - ✓ birth certificate.
 - ☐ if the injured person is *not* a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ foreign passport;
 - ✓ birth certificate issued by the country of origin;
 - ✓ valid international driver's license;
 - ✓ any valid permit or visa issued to the

person in terms of the Immigration Act, 2002; or

- ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.
- a completed bank indemnity form (RABS 10 form), required if the scheme has not previously submitted the aforementioned form to RABS, or if the scheme's bank account details have changed.

If the person making the claim is a health care service provider:

- a certified copy of the health care service provider's certificate of registration with the Health Professional Council of South Africa, Allied Health Professions Council of South Africa, or other professional body, if registration with such a professional body is required by law (required if not previously submitted to RABS in the calendar year);
- the original or certified copy of the invoice in respect of the health care service provided to the injured person by the health care service provider, reflecting the following information:
 - ☐ the name and address of the health care service provider;
 - ☐ the practice number of the health care service provider (if registration is required by law with a professional body);
 - ☐ the RABS claim number (if available);
 - ☐ the RABS pre-authorisation number (if pre-authorisation was required);
 - ☐ the name and surname of the injured person;
 - ☐ the identity number, passport number, date of birth, or other official identifying number, in respect of the injured person (if available);
 - ☐ the date on which the health care service was provided;
 - ☐ ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
 - ☐ the amounts claimed per item.
- documentary proof of the identity of the injured person –
 - ☐ if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ identity document;
 - ✓ valid passport;
 - ✓ valid driver's license; or
 - ✓ birth certificate.
 - ☐ if the injured person is *not* a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:

- ✓ foreign passport;
 - ✓ birth certificate issued by the country of origin;
 - ✓ valid international driver's license;
 - ✓ any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or
 - ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.
- documentary proof of the identity of the health care service provider (required if such documentary proof has not previously been submitted to RABS or if any details have since changed) –
 - ☐ if the health care service provider is a natural person (sole proprietor), one of the documents as listed for the injured person; or
 - ☐ if the health care service provider is a business entity, a certified copy of one of the following applicable documents, as the case may be –
 - ✓ a company must submit a registration certificate;
 - ✓ foreign companies must submit the applicable official document of incorporation;
 - ✓ trusts must submit a trust deed;
 - ✓ close corporations must submit a founding statement or amended founding statement, if applicable;
 - ✓ partnerships must submit a partnership agreement; or
 - ✓ other entities must submit the document that establishes the entity.
 - a completed bank indemnity form (RABS 10 form), required if the health care service provider has not previously submitted the aforementioned form to RABS, or if the health care service provider's bank account details have changed.

If the person making the claim is a person who paid for a health care service provided to the injured person:

- the original or certified copy of the invoice in respect of the health care service provided to the injured person by the health care service provider, reflecting the following minimum information:
 - ☐ the name of the person who paid for the health care service;
 - ☐ the name and address of the health care service provider;
 - ☐ the practice number of the health care service provider (if registration of the healthcare service provider is required with a professional body);
 - ☐ the RABS claim number (if available);
 - ☐ the RABS pre-authorisation number (if pre-authorisation was required);
- ☐ the name and surname of the injured person;
- ☐ the identity number, passport number, date of birth, or other official identifying number, in respect of the injured person (if available);
- ☐ the date on which the health care service was provided;
- ☐ ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
- ☐ the amounts claimed per item.
- proof that the person making the claim paid the invoice;
- documentary proof of the identity of the injured person –
 - ☐ if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ identity document;
 - ✓ valid passport;
 - ✓ valid driver's license; or
 - ✓ birth certificate.
 - ☐ if the injured person is *not* a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ foreign passport;
 - ✓ birth certificate issued by the country of origin;
 - ✓ valid international driver's license;
 - ✓ any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or
 - ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.
- documentary proof of the identity of the person making the claim (required if such documentary proof has not previously been submitted to RABS or if any details have since changed) –
 - ☐ if the person making the claim is a natural person, one of the documents as listed for the injured person; or
 - ☐ if the person making the claim is a business entity, a certified copy of one of the following applicable documents, as the case may be –
 - ✓ a company must submit a certificate of registration;
 - ✓ foreign companies must submit the applicable official document of incorporation;
 - ✓ trusts must submit a trust deed;
 - ✓ close corporations must submit a founding statement or amended

- ✓ founding statement, if applicable;
 - ✓ partnerships must submit a partnership agreement; or
 - ✓ other entities must submit the document that establishes the entity.
- a completed bank indemnity form (RABS 10 form), required if the person making the claim has not previously submitted the aforementioned form to RABS, or if the person's bank account details have changed.

If the person making the claim is the injured person who received the health care service:

- the original or certified copy of the invoice in respect of the health care service provided, reflecting the following minimum information:
 - ☐ the name of the injured person;
 - ☐ the name and address of the health care service provider;
 - ☐ the practice number of the health care service provider (if registration of the health care service provider is required with a professional body);
 - ☐ the RABS claim number (if available);
 - ☐ the RABS pre-authorisation number (if pre-authorisation was required);
 - ☐ the name and surname of the person who received the health care service;
 - ☐ the identity number, passport number, date of birth, or other official identifying number, in respect of the person who received the health care service;
 - ☐ the date on which the health care service was provided;
 - ☐ ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
 - ☐ the amounts claimed per item.
- proof of payment by the injured person of the invoice; and
- documentary proof of the identity of the injured person –
 - ☐ if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ identity document;
 - ✓ valid passport;
 - ✓ valid driver's license; or
 - ✓ birth certificate.
 - ☐ if the injured person is *not* a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ foreign passport;
 - ✓ birth certificate issued by the country of

- origin;
 - ✓ valid international driver's license;
 - ✓ any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or
 - ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.
- a completed bank indemnity form (RABS 10 form), if the injured person has not previously submitted the aforementioned form to RABS, or if the injured person's bank account details have changed.

If the person making the claim is a representative of one of the above persons who could have submitted the claim themselves:

- documentary proof of the representative's authority to act for the other person (the represented person). Examples of such documentary proof include a copy of a special power of attorney; letter of executorship; or a court order appointing a curator, tutor, liquidator or administrator;
- if the represented person is a medical scheme, a certified copy of the scheme's valid registration certificate issued by the Registrar of the Council of Medical Schemes (required if not previously submitted to RABS in the calendar year);
- if the represented is a health care service provider, a certified copy of the health care service provider's certificate of registration with the Health Professional Council of South Africa, Allied Health Professions Council of South Africa, or other professional body, if registration with such a professional body is required by law (required if not previously submitted to RABS in the calendar year);
- the original or certified copy of the invoice in respect of the health care service provided to the injured person by the health care service provider, reflecting the following minimum information:
 - ☐ the name of the represented or injured person, as the case may be;
 - ☐ the name and address of the health care service provider;
 - ☐ the practice number of the health care service provider (if registration of the health care service provider is required with a professional body);
 - ☐ the RABS claim number (if available);
 - ☐ the RABS pre-authorisation number (if pre-authorisation was required);
 - ☐ the name and surname of the injured person;
 - ☐ the identity number, passport number, date of birth, or other official identifying number, in respect of the injured person (if available);
 - ☐ the date on which the health care service was provided;
 - ☐ ICD 10 and CPT / CCSA / NAPPI / SAOPA codes (if applicable) or other itemised details of the health care service; and
 - ☐ the amounts claimed per item.
- proof of payment by the represented of the invoice

(not required where the represented is the health care service provider that provided the health care service);

- o documentary proof of the identity of the injured person -

☐ if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:

- ✓ identity document;
- ✓ valid passport;
- ✓ valid driver's license; or
- ✓ birth certificate.

☐ if the injured person is *not* a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:

- ✓ foreign passport;
- ✓ birth certificate issued by the country of origin;
- ✓ valid international driver's license;
- ✓ any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or
- ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.

- o documentary proof of the identity of the representative (required if such documentary proof has not previously been submitted to RABS or if any details have since changed) -

☐ if the representative is a natural person, one of the documents as listed for the injured person; or

☐ if the representative is a business entity, a certified copy of one of the following applicable documents, as the case may be -

- ✓ a company must submit a registration certificate;
- ✓ foreign companies must submit the applicable official document of incorporation;
- ✓ trusts must submit a trust deed;
- ✓ close corporations must submit a founding statement or amended founding statement, if applicable;
- ✓ partnerships must submit a partnership agreement; or
- ✓ other entities must submit the document that establishes the entity.

- o a completed bank indemnity form (RABS 10 form), if the representative has not previously submitted the aforementioned form to RABS: provided that the RABS 10 form will not be required if payment of the benefit will be made to the represented who has already furnished RABS with the RABS 10 form.

HOW MUCH TIME IS THERE TO CLAIM?

Subject to certain exceptions, a claim must be lodged with RABS *within 3 years* from the date that the health care service was provided to the injured person, else the claim will no longer be possible.

It is always better to lodge the claim as soon as possible. RABS is there to assist you with your claim. Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call.

WHAT IS REQUIRED FOR A VALID CLAIM?

For the claim to be valid the following must be true:

- o the documents specified above must accompany this claim form;
- o this claim form must be signed by the claimant (the person lodging the claim or the authorised representative);
- o this claim form must be completed in all its particulars;
- o the road accident report, (paragraph E) below, must be completed, if not previously completed; and
- o the declarations, (paragraph F) below, must be completed and signed.

WHAT HAPPENS IF A VALID CLAIM IS NOT LODGED?

RABS can only approve a benefit if a valid claim is lodged within the period referred to above. If a valid claim is not lodged with RABS within the specified period the claim will no longer be valid and RABS will not be able to provide or pay a health care benefit.

WHERE TO GET HELP TO COMPLETE THIS CLAIM FORM:

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call. Alternatively you can attend at any of the RABS offices or customer service centres for assistance.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and

prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO LODGE YOUR CLAIM:

The RABS 2 form and required additional documentation can be lodged by –

Posting it to:

.....;

Faxing it to:

.....;

E-mailing it to:

.....;

Online at: www.rabs.co.za; or

By physically delivering the RABS 2 and required additional documentation to any of the RABS offices or customer service centres nationally.

A. RABS NUMBERS:

Pre-authorisation number:
(Where applicable)

RABS claim number:
(If known)

B. CLAIMANT DETAILS:

Name(s):

Surname (if applicable):

Identifying number:
(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Company or Close Corporation registration number

If the claimant is, or if this claim is submitted on behalf of, a medical scheme or health care service provider, indicate: ☐ medical scheme, or ☐ health care service provider and registration / practice number:

.....

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

Home / business address:

.....

Language spoken:

C. INJURED PERSON'S DETAILS:

Name(s):

Surname:

Sex ☐ Male ☐ Female

Date of birth:

Identifying number:
(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Date of birth

Language spoken:

D. HEALTH CARE SERVICE(S) DETAILS:

The injured person sustained the following injuries in the road accident (include ICD 10 codes, where applicable):

.....

.....

.....

.....

.....

.....

This claim is made in respect of the following health care service(s) provided to the injured person in respect of the above accident related injuries, more fully described in the attached invoice (include CPT / CCSA / NAPPI / SAOPA codes, where applicable):

.....

.....

.....

.....

.....

.....

The health care service(s) was provided to the injured person on:, Or from: to

Amount claimed: R

ROAD ACCIDENT REPORT:

Note: this paragraph need not be completed where a previous claim has been lodged by the claimant and where this paragraph was completed in such previous claim. Was this paragraph completed in a previous claim lodged by the claimant?

☐ Yes ☐ No

Date of accident:

Time of accident:

Where did the accident take place?

- City / town name:

- Street names:

.....

.....

Registration number(s) of vehicle(s) involved in the road accident:

-;

-;

-;

-;

-;

-;

-;

Was the accident reported to the police? ☐ Yes ☐ No

If yes, kindly furnish the following information:

- Name of police station:

- Police reference number:

-

Was anyone else involved in the road accident?

☐ Yes ☐ No

Did anyone witness the road accident?

☐ Yes ☐ No

If you answered yes to either question, kindly furnish the following details in respect of such persons (if available):

1. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

2. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

3. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

4. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

E. COMPENSATION / DAMAGES PAYMENTS RECEIVED:

Has the Compensation Commissioner (in terms of the Compensation for Occupational Injuries and Diseases Act, 1993) or the Compensation Board (in terms of the Defence Act, 2002) made any payment in respect of health care services?

☒ Yes ☐ No ☐ Not known

F. STATUTORY DECLARATION BY CLAIMANT:

Kindly indicate your response to the below declarations and then sign in the space provided:

I
 (full names and surname)

☒ the claimant, or

☒ the duly authorised representative of the claimant,
 (indicate which)

declare as follows:

I take note that any person who provides RABS with false or misleading information knowing it to be false or misleading, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this claim form is, to the best of my knowledge and belief, true and correct in every respect.

I confirm that no payment has been received from anyone, other than may have been declared under paragraph F of the claim form, in respect of the benefit claimed in this claim form.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

CONTINUES ON PAGE 130—PART 2



Government Gazette Staatskoerant

REPUBLIC OF SOUTH AFRICA
REPUBLIEK VAN SUID-AFRIKA

Vol. 587

Pretoria, 9 May 2014
Mei

No. 37612

PART 2 OF 2

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AIDS HELPLINE: 0800-0123-22 Prevention is the cure

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....
Full names and surname

.....
Signature

.....
Date

Annexure C

RABS 3 Claim Form: Temporary Income Support Benefit

Please complete this form to make a claim for a temporary income support benefit and be sure to attach the specified documentation.

WHAT IS A TEMPORARY INCOME SUPPORT BENEFIT?

RABS provides a temporary income support benefit to persons injured in road accidents who, due to the injuries sustained in the road accident, are unable to work. A monthly sum is paid to the beneficiary until the beneficiary is able to commence work.

The temporary income support benefit is available from 61 days after the date of the road accident for a period of up to 24 months from the date of the road accident.

The temporary income support benefit is available to injured persons who have already reached the age of *eighteen*, but is no longer available once the injured person reaches the age of *sixty*.

To qualify for a temporary income support benefit the injured person must have lived in the Republic of South Africa for at least 6 months in every year of the three years immediately preceding the date of the road accident, and the continued entitlement to the temporary income support benefit is further dependent on the injured person living in the Republic of South Africa for at least 6 months in every year calculated over any consecutive 3 year period from the date of the road accident.

The temporary income support benefit is based either on the:

- *average annual national income* - for those injured persons who were economically inactive or are unable to prove their pre-accident income; or
- actual proven pre-accident income of the injured person.

The amount used by RABS to calculate the benefit may never be higher than the *pre-accident income cap*. Both the *average annual national income* and the *pre-accident income cap* are amounts determined by the Minister of Transport and published in the Gazette, from time to time.

WHO CAN CLAIM?

The following persons may claim a temporary income support benefit:

- the *injured person*; or
- a duly authorised *representative*, on behalf of the injured person.

WHAT OTHER DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM?

If the person making the claim is the *injured person*:

- an incapacity certificate (RABS 7 form) in respect of the injured person, provided that this will not be required where the medical practitioner has already completed and submitted an e-incapacity certificate;
- in the event that the injured person was employed or otherwise earning an income at the time of the road accident, documentary proof must be furnished of the injured person's pre-accident income, as follows:
 - ☐ in the event that the injured person was required to submit income tax returns in any of the three tax years immediately preceding the date of the road accident, *certified copies* of such income tax assessments for each of the years for which an income tax return was submitted;
 - ☐ in the event that the injured person earned

more than the average national income, but was not required to submit an income tax return in any of the three tax years preceding the date of the road accident, any one or more of the following documents must be supplied:

- ✓ certified copies of pay slips issued by the injured person's employer;
 - ✓ if certified copies of pay slips are not available, the injured person's original contract of employment or letter of appointment confirming the salary earned;
 - ✓ if the injured person's original contract of employment or letter of appointment is not available, an original IRP5 certificate or any other original, verifiable documentation confirming the injured person's income earned, including but not limited to, order books and bank account statements; or
 - ✓ an affidavit by the person paying the income, setting out the details of the injured person's pre-accident income.
- a completed bank indemnity form (RABS 10 form), if the injured person has not previously submitted the aforementioned form to the administrator, or if the banking details have changed;
 - documentary proof of the identity of the injured person –
 - if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ identity document;
 - ✓ valid passport;
 - ✓ valid driver's license; or
 - ✓ birth certificate.
 - if the injured person is *not* a South African citizen, a certified copy of any one of the following documents must be submitted with this claim form:
 - ✓ foreign passport;
 - ✓ birth certificate issued by the country of origin;
 - ✓ valid international driver's license;
 - ✓ any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or
 - ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.

If the person making the claim is a representative, claiming on behalf of the injured person:

- documentary proof of the representative's authority

to act for the injured person. Examples of such documentary proof include a copy of a special power of attorney; letter of executorship; or a court order appointing a curator, tutor, liquidator or administrator;

- an incapacity certificate (RABS 7 form) in respect of the injured person, provided that this will not be required where the medical practitioner has already completed and submitted an e-incapacity certificate;
- in the event that the injured person was employed or otherwise earning an income at the time of the road accident, documentary proof must be furnished of the injured person's pre-accident income, as follows:
 - in the event that the injured person was required to submit income tax returns in any of the three tax years immediately preceding the date of the road accident, *certified copies* of such income tax assessments for each of the years for which an income tax return was submitted;
 - in the event that the injured person earned more than the average national income, but was not required to submit an income tax returns in any of the three tax years preceding the date of the road accident, any one or more of the following documents must be supplied:
 - ✓ certified copies of pay slips issued by the injured person's employer;
 - ✓ if certified copies of pay slips are not available, the injured person's original contract of employment or letter of appointment confirming the salary earned;
 - ✓ if the injured person's original contract of employment or letter of appointment is not available, an original IRP5 certificate or any other original, verifiable documentation confirming the injured person's income earned, including but not limited to, order books and bank account statements; or
 - ✓ an affidavit by the person paying the income, setting out the details of the injured person's pre-accident income.
- a completed bank indemnity form (RABS 10 form), if the representative or injured person has not previously submitted the aforementioned form to the administrator, or if the banking details have changed;
- documentary proof of the identity of the injured person –
 - if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:

- ✓ identity document;
- ✓ valid passport;
- ✓ valid driver's license; or
- ✓ birth certificate.

☐ if the injured person is not a South African citizen, a certified copy of any one of the following documents must be submitted with this claim form:

- ✓ foreign passport;
- ✓ birth certificate issued by the country of origin;
- ✓ valid international driver's license;
- ✓ any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or
- ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.

o documentary proof of the representative (required if such documentary proof has not previously been submitted to RABS or if any details have since changed) –

☐ if the person making the claim is a natural person, one of the documents as listed for the injured person; or

☐ if the person making the claim is a business entity, a certified copy of one of the following applicable documents, as the case may be –

- ✓ a company must submit a registration certificate;
- ✓ foreign companies must submit the applicable official document of incorporation;
- ✓ trusts must submit a trust deed;
- ✓ close corporations must submit a founding statement or amended founding statement, if applicable;
- ✓ partnerships must submit a partnership agreement; or
- ✓ other entities must submit the document that establishes the entity.

HOW MUCH TIME IS THERE TO CLAIM?

Subject to certain exceptions, a claim must be lodged with RABS *within 3 years* from the date of the road accident. It is always better to lodge the claim as soon as possible.

WHAT IS REQUIRED FOR A VALID CLAIM?

For the claim to be valid the following must be true:

o the documents specified above must accompany this claim form;

- o this claim form must be signed by the claimant (the injured person or the authorised representative);
- o this claim form must be completed in all its particulars;
- o the road accident report, (paragraph C) below, must be completed;
- o the declarations, (paragraph G) below, must be completed and signed; and
- o the statutory affidavit (paragraph H) confirming that the inability to earn an income is due to injuries sustained in the road accident.

WHAT HAPPENS IF A VALID CLAIM IS NOT LODGED?

RABS can only approve a benefit if a valid claim is lodged within the period referred to above. If a valid claim is not lodged with RABS within the specified period the claim will no longer be valid and RABS will not be able to provide any temporary income support benefit.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

WHERE TO GET HELP TO COMPLETE THIS CLAIM FORM:

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call. Alternatively

you can attend at any of the RABS offices or customer service centres for assistance.

HOW TO LODGE YOUR CLAIM:

The RABS 3 form and required additional documentation can be lodged by –

Posting the claim to:

.....;

Faxing the claim to:

.....;

E-mailing the claim to:

Online at: www.rabs.gov.za; or

Physically delivering the claim to any of the RABS offices or customer service centres nationally.

A. CLAIMANT DETAILS:

Name(s):

Surname (if applicable):

Identifying number:

(Tick the applicable box below)

- | | |
|---|--|
| <input type="checkbox"/> Identity number | <input type="checkbox"/> Passport number |
| <input type="checkbox"/> Drivers license | <input type="checkbox"/> Permit / Visa |
| <input type="checkbox"/> Company or Close Corporation registration number | |

Work phone no

Home phone no

Cell phone no

E-mail

Postal address

.....

.....Postal code

Home / business address

.....

.....

B. INJURED PERSON'S DETAILS (if not the claimant):

Name(s):

Surname:

Identifying number:

(Tick the applicable box below)

- | | |
|--|--|
| <input type="checkbox"/> Identity number | <input type="checkbox"/> Passport number |
| <input type="checkbox"/> Drivers license | <input type="checkbox"/> Permit / Visa |
| <input type="checkbox"/> Date of birth | |

Work phone no

Home phone no

Cell phone no

E-mail

Postal address

.....

.....Postal code

Home address

.....

.....

C. ROAD ACCIDENT REPORT:

Note: this paragraph need not be completed where a previous claim has been lodged by the claimant and where this paragraph was completed in such previous claim. Was this paragraph completed in a previous claim lodged by the claimant?

- ☐ Yes ☐ No

Date of accident:

Time of accident:

Where did the accident take place?

- City / town name:

- Street names:

.....

.....

Registration number(s) of vehicle(s) involved in the road accident:

-;
-;
-;
-;
-;
-

Was the accident reported to the police? ☐ Yes ☐ No

If yes, kindly furnish the following information:

- Name of police station:
- Police reference number:

Was anyone else involved in the road accident?

☐ Yes ☐ No

Did anyone witness the road accident?

☐ Yes ☐ No

If you answered yes to either question, kindly furnish the following details in respect of such persons (if available):

1. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

2. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

3. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

4. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

D. COMPENSATION / DAMAGES PAYMENTS RECEIVED:

Has the Compensation Commissioner (in terms of the Compensation for Occupational Injuries and Diseases Act, 1993) or the Compensation Board (in terms of the Defence Act, 2002) made any payment in respect of the injured person's loss of income or loss of earning capacity?

☒ Yes ☐ No

If yes, how much has been paid: R

E. EARNING SINCE ROAD ACCIDENT:

Has the injured person earned an income from employment or work since the road accident?

☐ Yes ☐ No

If yes, please furnish details of the nature of the employment or work and the income earned:

.....

.....

.....

.....

.....

.....

F. ORDINARY PLACE OF RESIDENCE:

Is the injured person's ordinary residence situated in the Republic of South Africa?

☐ Yes ☐ No

In the three years preceding the date of the road accident, was the injured person lived outside of the Republic of South Africa for a period of six months or longer during any of the three years?

☐ Yes ☐ No

Has the injured person lived outside of the Republic of South Africa for any period(s) since the road accident?

☐ Yes ☐ No

If yes, please furnish details of the nature of the stay outside of the Republic of South Africa and the dates and duration of such absences:

.....

.....

.....

.....

.....

G. STATUTORY DECLARATION BY CLAIMANT:

Kindly indicate your response to the below declarations and then sign in the space provided:

I
(name and surname)

☐ the claimant, or

☐ the duly authorised representative of the injured person,

(indicate which)

declare as follows:

I take note that any person who provides RABS with false or misleading information *knowing it to be false or misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this claim form is, to the best of my knowledge and belief, true and correct in every respect.

I confirm that no payment has been received from anyone, other than may have been declared under paragraph D of the claim form, in respect of the benefit claimed in this claim form.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....
Full names and surname

.....
Signature of the claimant

.....
Date

H. STATUTORY AFFIDAVIT:

I

(state full name(s) and surname of deponent)

- the injured person, with further identifying details specified in this RAB5 3 Claim Form,
- the duly authorised representative of the injured person, with further identifying details specified in this RAB5 3 Claim Form,

(delete the option that is not applicable)

hereby state as follows:

1. The statement in paragraph 2 below is to the best of my belief true in every respect.
2.
 - I, the injured person, confirm that my inability to perform my pre-accident occupation or work or earn an income is due to injuries sustained in the road accident identified in paragraph C of this RAB5 3 Claim Form,
 - I, the duly authorised representative of the injured person, confirm that the injured person's inability to perform my pre-accident occupation or work or earn an income is due to injuries sustained by the injured person in the road accident identified in paragraph C of this RAB5 3 Claim Form.

(delete the option that is not applicable).....
Signature of Deponent

I 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 below:

- (a) Do you know and understand the contents of the above declaration?

Answer:.....

- (b) Do you have any objection to taking the prescribed oath?

Answer:.....

- (c) Do you consider the prescribed oath to be binding on your conscience?

Answer:.....

I certify that the Deponent has acknowledged that she / he knows and understands the contents of this declaration which was sworn to /affirmed before me, and the Deponent's signature was placed thereon.

Dated at this day of 20

Justice of the Peace / Commissioner of Oaths

Full names:

Designation:

Area for which appointed:

Business address:

.....

RABS 4 Claim Form: Long-Term Income Support Benefit

Please complete this form to make a claim for a long-term income support benefit and be sure to attach the specified documentation.

WHAT IS A LONG-TERM INCOME SUPPORT BENEFIT?

RABS provides a long-term income support benefit to persons injured in road accidents who, due to the injuries sustained in the road accident, are unable to work. A monthly sum is paid to the beneficiary until the beneficiary is able to commence work.

The long-term income support benefit is available from after 24 months from the date of the road accident until the injured person reaches the age of *sixty*.

The long-term income support benefit is available to injured persons who have already reached the age of *eighteen*, but is no longer available once the injured person reaches the age of *sixty*.

To qualify for a long-term income support benefit the injured person must have lived in the Republic of South Africa for at least 6 months in every year of the three years immediately preceding the date of the road accident, and the continued entitlement to the long-term income support benefit is further dependent on the injured person living in the Republic of South Africa for at least 6 months in every year calculated over any consecutive 3 year period from the date of the road accident.

The long-term income support benefit is based either on the:

- *average annual national income* - for those injured persons who were economically inactive or are unable to prove their pre-accident income; or
- actual proven pre-accident income of the injured person.

The amount used by RABS to calculate the benefit may never be higher than the *pre-accident income cap*. Both the *average annual national income* and the *pre-accident income cap* are amounts determined by the Minister of Transport and published in the Gazette, from time to time.

WHO CAN CLAIM?

The following persons may claim a long-term income support benefit:

- the *injured person*; or
- a duly authorised *representative*, on behalf of the injured person.

WHAT OTHER DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM?

If the person making the claim is the *injured person*:

- a vocational ability assessment (RABS 11 form) in respect of the injured person, provided that this will not be required where the assessor has already completed and submitted an e-vocational ability assessment;

If the injured person did not claim a temporary income support benefit, the following additional documents are required:

- in the event that the injured person was employed or otherwise earning an income at the time of the road accident, documentary proof must be furnished of the injured person's pre-accident income, as follows:
 - ☐ in the event that the injured person was required to submit income tax returns in any of the three tax years immediately preceding the date of the road accident, certified *copies* of

such income tax assessments for each of the years for which an income tax return assessment was submitted;

- ☐ in the event that the injured person earned more than the average national income, but was not required to submit an income tax assessment in any of the three tax years preceding the date of the road accident, any one or more of the following documents must be supplied:

- ✓ certified copies of pay slips issued by the injured person's employer;
- ✓ if certified copies of pay slips are not available, the injured person's original contract of employment or letter of appointment confirming the salary earned;
- ✓ if the injured person's original contract of employment or letter of appointment is not available, an original IRP 5 certificate or any other original, verifiable documentation confirming the injured person's income earned, including but not limited to, order books and bank account statements; or
- ✓ an affidavit by the person who paid the income setting out the details of the injured person's pre-accident income.

- a completed bank indemnity form (RABS 10 form), if the injured person has not previously submitted the aforementioned form to the administrator, or if the banking details have changed;

- documentary proof of the identity of the injured person –

- ☐ if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:

- ✓ identity document;
- ✓ valid passport;
- ✓ valid driver's license; or
- ✓ birth certificate.

- ☐ if the injured person is *not* a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:

- ✓ foreign passport;
- ✓ birth certificate issued by the country of origin;
- ✓ valid international driver's license;
- ✓ any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or
- ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.

If the person making the claim is a representative, claiming on behalf of the injured person:

- documentary proof of the representative's authority to act for the injured person. Examples of such documentary proof include a copy of a special power of attorney; letter of executorship; or a court order appointing a curator, tutor, liquidator or administrator;
- a vocational ability assessment (RABS 11 form) in respect of the injured person, provided that this will not be required where the assessor has already completed and submitted an e-vocational ability assessment;

If the injured person did not claim a temporary income support benefit, the following additional documents are required:

- in the event that the injured person was employed or otherwise earning an income at the time of the road accident, documentary proof must be furnished of the injured person's pre-accident income, as follows:

- ☐ in the event that the injured person was required to submit income tax returns in any of the three tax years immediately preceding the date of the road accident, *certified copies* of such income tax assessments for each of the years for which an income tax return was submitted;

- ☐ in the event that the injured person earned more than the average national income, but was not required to submit an income tax assessment in any of the three tax years preceding the date of the road accident, any one or more of the following documents must be supplied:

- ✓ certified copies of pay slips issued by the injured person's employer;
- ✓ if certified copies of pay slips are not available, the injured person's original contract of employment or letter of appointment confirming the salary earned;
- ✓ if the injured person's original contract of employment or letter of appointment is not available, an original IRP 5 certificate or any other original, verifiable documentation confirming the injured person's income earned, including but not limited to, order books and bank account statements; or
- ✓ an affidavit by the person who paid the income setting out the details of the injured person's pre-accident income.

- a completed bank indemnity form (RABS 10 form), if the representative or injured person has not previously submitted the aforementioned form to the administrator, or if the banking details have

changed;

- o documentary proof of the identity of the injured person –

- ☐ if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:

- ✓ identity document;
- ✓ valid passport;
- ✓ valid driver's license; or
- ✓ birth certificate.

- ☐ if the injured person is *not* a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:

- ✓ foreign passport;
- ✓ birth certificate issued by the country of origin;
- ✓ valid international driver's license;
- ✓ any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or
- ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.

- o documentary proof of the representative (required if such documentary proof has not previously been submitted to RABS or if any details have since changed) –

- ☐ if the person making the claim is a natural person, one of the documents as listed for the injured person; or

- ☐ if the person making the claim is a business entity, a *certified copy* of one of the following applicable documents, as the case may be –

- ✓ a company must submit a certificate of registration;
- ✓ foreign companies must submit the applicable official document of incorporation;
- ✓ trusts must submit a trust deed;
- ✓ close corporations must submit a founding statement or amended founding statement, if applicable;
- ✓ partnerships must submit a partnership agreement; or
- ✓ other entities must submit the document that establishes the entity.

HOW MUCH TIME IS THERE TO CLAIM?

Subject to certain exceptions, a claim must be lodged with RABS *within 5 years* from the date of the road

accident. It is always better to lodge the claim as soon as possible.

WHAT IS REQUIRED FOR A VALID CLAIM?

For the claim to be valid the following must be true:

- o the documents specified above must accompany this claim form;
- o this claim form must be signed by the claimant (the injured person or the authorised representative);
- o this claim form must be completed in all its particulars;
- o the road accident report, (paragraph C) below, must be completed;
- o the declarations, (paragraph G) below, must be completed and signed; and
- o the statutory affidavit (paragraph H) confirming that the inability to earn an income is due to injuries sustained in the road accident.

A claimant also may submit further written representations in respect of the injured person's vocational ability, although not a requirement it may assist with the assessment of the claim.

WHAT HAPPENS IF A VALID CLAIM IS NOT LODGED?

RABS can only approve a benefit if a valid claim is lodged within the period referred to above. If a valid claim is not lodged with RABS within the specified period the claim will no longer be valid and RABS will not be able to provide any long-term income support benefits.

WHERE TO GET HELP TO COMPLETE THIS CLAIM FORM:

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call. Alternatively you can attend at any of the RABS offices or customer service centres for assistance.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In

order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO LODGE YOUR CLAIM:

The RABS 4 form and required additional documentation can be lodged by –

Posting the claim to:

.....;

Faxing the claim to:

.....;

E-mailing the claim to:

.....;

Online at: www.rabs...

Physically delivering the claim to any of the RABS offices or customer service centres nationally.

A. CLAIMANT DETAILS:

Name(s):

Surname (if applicable):

Identifying number:
(Tick the applicable box below)

- | | |
|---|--|
| <input type="checkbox"/> Identity number | <input type="checkbox"/> Passport number |
| <input type="checkbox"/> Drivers license | <input type="checkbox"/> Permit / Visa |
| <input type="checkbox"/> Company or Close Corporation registration number | |

Work phone no

Home phone no

Cell phone no

E-mail

Postal address

.....

.....Postal code

Home / business address

.....

.....

B. INJURED PERSON'S DETAILS (if not the claimant):

Name(s):

Surname:

Identifying number:
(Tick the applicable box below)

- | | |
|--|--|
| <input type="checkbox"/> Identity number | <input type="checkbox"/> Passport number |
| <input type="checkbox"/> Drivers license | <input type="checkbox"/> Permit / Visa |
| <input type="checkbox"/> Date of birth | |

Work phone no

Home phone no

Cell phone no

E-mail

Postal address

.....

.....Postal code

Home address

.....

.....

C. ROAD ACCIDENT REPORT:

Note: this paragraph need not be completed where a previous claim has been lodged by the claimant and where this paragraph was completed in such previous claim. Was this paragraph completed in a previous claim lodged by the claimant?

- ☐ Yes ☐ No

Date of accident:

Time of accident:

Where did the accident take place?

- City / town name:

- Street names:

.....

.....

Registration number(s) of vehicle(s) involved in the road accident:

-

-

-

-

-

-

-

Was the accident reported to the police? ☐ Yes ☐ No

If yes, kindly furnish the following information:

- Name of police station:

- Police reference number:

Was anyone else involved in the road accident?

☐ Yes ☐ No

Did anyone witness the road accident?

☐ Yes ☐ No

If you answered yes to either question, kindly furnish the following details in respect of such persons (if available):

1. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

2. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

3. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

4. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

D. COMPENSATION / DAMAGES PAYMENTS RECEIVED:

Has the Compensation Commissioner (in terms of the Compensation for Occupational Injuries and Diseases Act, 1993) or the Compensation Board (in terms of the Defence Act, 2002) made any payment in respect of the injured person's loss of income or loss of earning capacity?

☐ Yes ☐ No

If yes, how much has been paid: R

E. EARNING SINCE ROAD ACCIDENT:

Has the injured person earned an income from employment or work since the road accident?

☐ Yes ☐ No

If yes, please furnish details of the nature of the employment or work and the income earned:

.....

F. ORDINARY PLACE OF RESIDENCE:

Is the injured person's ordinary residence situated in the Republic of South Africa?

☐ Yes ☐ No

In the three years preceding the date of the road accident, was the injured person living outside of the Republic of South Africa for a period of six months or longer during any of the three years?

☐ Yes ☐ No

Has the injured person lived outside of the Republic of South Africa for any period(s) since the road accident?

☐ Yes ☐ No

If yes, please furnish details of the nature of the stay outside of the Republic of South Africa and the dates and duration of such absences:

.....

G. STATUTORY DECLARATION BY CLAIMANT:

Kindly indicate your response to the below declarations and then sign in the space provided:

I
 (name and surname)

☐ the claimant, or

☐ the duly authorised representative of the claimant,

(indicate which)

declare as follows:

I take note that any person who provides RABS with false or misleading information *knowing it to be false or misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this claim form is, to the best of my knowledge and belief, true and correct in every respect.

I confirm that no payment has been received from anyone, other than may have been declared under paragraph D of the claim form, in respect of the benefit claimed in this claim form.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted

health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....
Full names and surname

.....
Signature of the claimant

.....
Date

H. STATUTORY AFFIDAVIT:

I,

(state full name(s) and surname of deponent)

- the injured person, with further identifying details specified in this RABS 4 Claim Form,
- the duly authorised representative of the injured person, with further identifying details specified in this RABS 4 Claim Form,

(delete the option that is not applicable)

hereby state as follows:

1. The statement in paragraph 2 below is to the best of my belief true in every respect.
2.
 - I, the injured person, confirm that my inability to perform my pre-accident occupation or work or to earn an income is due to injuries sustained in the road accident identified in paragraph C of this RABS 4 Claim Form,
 - I, the duly authorised representative of the injured person, confirm that the injured person's inability to perform my pre-accident occupation or work or to earn an income is due to injuries sustained by the

injured person in the road accident identified in paragraph C of this RABS 4 Claim Form.

(delete the option that is not applicable)

.....
Signature of Deponent

I 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 below:

- (a) Do you know and understand the contents of the above declaration?

Answer:.....

- (b) Do you have any objection to taking the prescribed oath?

Answer:.....

- (c) Do you consider the prescribed oath to be binding on your conscience?

Answer:.....

I certify that the Deponent has acknowledged that she / he knows and understands the contents of this declaration which was sworn to / affirmed before me, and the Deponent's signature was placed thereon.

Dated at this day of 20

Justice of the Peace / Commissioner of Oaths

Full names:

Designation:

Area for which appointed:

Business address:

.....

Annexure E

RABS 5 Claim Form: Family Support Benefit

Please complete this form to make a claim for a family support benefit and be sure to attach the specified documentation.

WHAT IS FAMILY SUPPORT BENEFIT?

RABS provides a family support benefit to persons who require support due to the loss of a breadwinner in a road accident. A monthly sum is paid to the beneficiary.

The family support benefit is available from the date of death of the breadwinner for:

- children up to the age of *eighteen*;
- spouses up to the age of *sixty*, or for a period of 15 years, whichever period is the shortest; and
- other dependents for the duration of the dependency up to the age of *sixty*.

To qualify for a family support benefit the dependent making the claim must have lived in the Republic of South Africa for at least 6 months in every year of the three years immediately preceding the date of death of the breadwinner, and the continued entitlement to the family support benefit is further dependent on the beneficiary living in the Republic of South Africa for at least 6 months in every year calculated over any consecutive 3 year period from the date of death of the deceased breadwinner.

The family support benefit is based either on the:

- *average annual national income* - for those deceased breadwinners who were economically inactive or whose pre-accident income cannot be proven; or
- actual proven pre-accident income of the injured person.

The amount used by RABS to calculate the benefit may never be higher than the *pre-accident income cap*. Both the *average annual national income* and the *pre-accident income cap* are amounts determined by the

Minister of Transport and published in the Gazette, from time to time.

WHO CAN CLAIM?

The following persons may claim a family support benefit:

- a *spouse* of the deceased breadwinner;
- a *child* of the deceased breadwinner;
- a *person who was dependent* on the deceased but not a spouse or child, e.g. a sibling, parent, grandparent, major descendant; or
- a *representative* who is claiming on behalf of a dependent.

Note that a separate claim must be lodged in respect of each individual dependent wishing to submit a claim.

WHAT OTHER DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM?

If the person making the claim is a spouse or civil union partner:

- if the claimant was a spouse or civil union partner married to the deceased breadwinner:
 - ☐ in accordance with the Marriage Act, 1996, the claimant must prove the existence of the marriage by attaching one of the below documents –
 - ✓ a *certified copy* of the marriage certificate issued in terms of the Marriage Act, 1996;
 - ✓ a *certified copy* of an unabridged marriage certificate, issued by the Director-General of Home Affairs; or
 - ✓ an *original letter* confirming the spouse's marital status based on the particular

contained in a marriage register, issued by the Director-General of Home Affairs.

- ☐ in accordance the Recognitions of Customary Marriage Act, 1998, the claimant must prove the existence of the marriage by attaching one of the below documents -

- ✓ a *certified copy* of a certificate of registration of the customary marriage issued in terms of the Recognitions of Customary Marriage Act, 1998;
- ✓ a *certified copy* of an extract from the customary Marriage register, confirming the registration of the customary marriage, issued by the Director-General of Home Affairs;
- ✓ a *certified copy* of the customary Marriage register, confirming the registration of the customary marriage, issued by the Director-General of Home Affairs; or
- ✓ providing an affidavit by a person holding a position of authority in the deceased breadwinner's community, confirming the existence of the customary marriage; **AND**
- ✓ providing an affidavit deposited to by an immediate family member of the deceased breadwinner confirming the existence of the customary marriage.

- ☐ in accordance with the Civil Union Act, 2006, the claimant must prove the existence of the marriage by attaching one of the below documents -

- ✓ a *certified copy* of the registration certificate issued in terms of the Civil Union Act, 2006;
- ✓ a *certified copy* of the unabridged civil union registration certificate, issued by the Director-General of Home Affairs;
- ✓ an *original letter* confirming the civil union, based on the particular contained in the civil union register, issued by the Director-General of Home Affairs; or
- ✓ a *certified copy* of the civil union register, issued by the Director-General of Home Affairs.

- ☐ in accordance with foreign law, the claimant shall prove the existence of the marriage by attaching the below -

- ✓ a *certified copy* of the marriage certificate issued in accordance with the applicable foreign law; **AND**

- ✓ an affidavit deposited to by an immediate family member of the deceased breadwinner confirming the existence of the marriage; **OR**

- ✓ provided that if the claimant is unable to provide a certified copy of the marriage certificate, then a further affidavit by a government official of the foreign state officially confirming the existence of the marriage, must be provided in lieu of the certified copy of the marriage certificate; **AND**

- ✓ further providing that if no immediate family member is available to depose to an affidavit, then any other person with personal knowledge of the nature of the relationship between the spouse and the deceased breadwinner may depose to an affidavit in which the existence of the marriage is confirmed.

- ☐ if the claimant is unable to comply with the above requirement and was married to the deceased breadwinner in accordance with the tenets of any religion, the claimant must prove the existence of the marriage by attaching one of the below documents -

- ✓ a *certified copy* of the certificate confirming the recognition of the marriage by the Minister of Home Affairs, issued by the Director-General of Home Affairs; or
- ✓ an affidavit by a person holding a position of authority in the religious denomination or organization, confirming the solemnizing of the marriage according to the rites of the particular religion; **AND**

- ✓ an affidavit deposited to by an immediate family member of the deceased breadwinner confirming the existence of the marriage; **OR**

- ✓ providing that if no immediate family member is available to depose to an affidavit, then any other person with personal knowledge of the nature of the relationship between the spouse and the deceased breadwinner may depose to an affidavit in which the existence of the marriage is confirmed.

- ☐ if the claimant was the partner of the deceased breadwinner in a permanent domestic life-partnership, in terms of which the claimant and the deceased breadwinner had established a contractual reciprocal duty of support, the claimant must prove the existence of the permanent domestic life partnership by attaching the below documents -

✓ In respect of a written agreement -

- providing the *original contract* concluded between the spouse and the deceased breadwinner; **AND**
- providing an affidavit by the surviving life partner confirming the life partnership; **AND**
- providing two affidavits deposed to by immediate family members of the deceased breadwinner confirming the existence of the domestic life partnership.

✓ in respect of an oral agreement -

- documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the joint household; **AND**
- documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the support of any children of the surviving life partner; **AND**
- documentary proof (certified copies) of the deceased breadwinner's will, insurance policies, pension fund nomination forms, and such other documents where the deceased breadwinner nominated the surviving life partner as a heir, legatee or beneficiary; **AND**
- an affidavit by the *surviving life partner* confirming the life partnership; **AND**
- affidavits by not less than two immediate family members of the deceased breadwinner confirming the existence of the domestic life partnership.

○ the statutory affidavit (paragraph 1) by the claimant confirming-

- ☐ whether the marriage or permanent domestic life-partnership, as the case may be, was still in existence on the date of death of the deceased breadwinner;
- ☐ the pre-accident income of the claimant; and
- ☐ whether the claimant is employed or otherwise earning an income.

○ in the event that the deceased breadwinner was earning an income, documentary proof of the

deceased breadwinner's income as follows:

- ☐ in the event that the deceased breadwinner was required to submit income tax returns in any of the three tax years immediately preceding the date of death, *certified copies* of such income tax assessments for each of the years for which an income tax return was submitted;
- ☐ in the event that the deceased breadwinner earned more than the average national income, but was not required to submit an income tax returns in any of the three tax years preceding the date of death, any one or more of the following documents must be supplied:
 - ✓ certified copies of pay slips issued by the deceased breadwinner's employer;
 - ✓ if certified copies of pay slips are not available, the deceased breadwinner's original contract of employment or letter of appointment confirming the salary earned;
 - ✓ if the injured person's original contract of employment or letter of appointment is not available, an original IRP 5 certificate or any other original, verifiable documentation confirming the injured person's income earned, including but not limited to, order books and bank account statements; or
 - ✓ an affidavit by the person who paid the income setting out the details of the injured person's pre-accident income.
- in the event that the claimant is earning an income, documentary proof of the claimant's income, as set out above.
- a completed bank indemnity form (RABS 10 form), required if the person making the claim has not previously submitted the aforementioned form to RABS, or if the person's bank account details have changed.

If the claim is made on behalf of a child:

- documentary proof of the claimant's authority to act on behalf of the child, e.g. unabridged birth certificate or appointment as curator or guardian;
- documentary proof of the child is a child of the deceased breadwinner -
 - ☐ a *certified copy* of the unabridged birth certificate or adoption order of the child; **OR**
 - ☐ affidavits by not less than two immediate family members of the deceased breadwinner confirming the maternity or paternity of the deceased breadwinner in relation to the child, provided that any other person with personal knowledge of the facts can furnish the affidavit if no immediate family members are available to do so.

- o documentary proof of the deceased breadwinner's income in the manner described above; and
- o a completed bank indemnity form (RABS 10 form), required if the person making the claim has not previously submitted the aforementioned form to RABS, or if the person's bank account details have changed.

If the claimant was dependent on the deceased breadwinner but was not a spouse or child:

- o if the claimant was a former spouse of the deceased breadwinner, providing a *certified copy* of a court order or consent paper (settlement agreement) requiring of the deceased breadwinner to pay support to the claimant; or
- o if the claimant is a major descendant of the deceased breadwinner, the claimant shall prove dependency by furnishing the below documents –
 - ☐ a *certified copy* of a court order requiring of the deceased breadwinner to pay support to the major descendant; or
 - ☐ documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the major descendant, such as bank statements of the major descendant reflecting payment received from the deceased breadwinner; bank statements of the deceased breadwinner reflecting payment made in respect of items relating to the support of the major descendant; and receipts issued to the deceased breadwinner in respect of items relating to the support of the major descendant; **AND**
 - ☐ affidavits by not less than two immediate family members of the deceased breadwinner confirming the nature of the major descendant's dependency on the deceased breadwinner; provided that any other persons with personal knowledge of the facts can furnish the affidavit if no immediate family members are available to do so; **AND**
 - ☐ the statutory affidavit (paragraph I) by the major descendant confirming –
 - ✓ the nature of his / her dependency on the deceased breadwinner; and
 - ✓ whether he / she is employed or otherwise earning an income.
 - ☐ if no claim has already been submitted by a spouse, life partner or child of the deceased breadwinner, documentary proof of the deceased breadwinner's income, as set out

above.

- ☐ in the event that the major descendant is earning an income, documentary proof of the major descendant's income, as set out above.
- ☐ a completed bank indemnity form (RABS 10 form), required if the person making the claim has not previously submitted the aforementioned form to RABS, or if the person's bank account details have changed.
- o if the claim is in respect of a major descendant of the deceased breadwinner, who is subject to diminished legal capacity, the claimant shall prove dependency by furnishing the below documents –
 - ☐ documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the major descendant, such as bank statements of the guardian, curator or major descendant reflecting payment received from the deceased breadwinner; bank statements of the deceased breadwinner reflecting payment made in respect of items relating to the support of the major descendant; and receipts issued to the deceased breadwinner in respect of items relating to the support of the major descendant; **AND**
 - ☐ affidavits by not less than two immediate family members of the deceased breadwinner confirming the nature of the major descendant's dependency on the deceased breadwinner; provided that any other persons with personal knowledge of the facts can furnish the affidavit if no immediate family members are available to do so; **AND**
 - ☐ the statutory affidavit (paragraph I) by the legal guardian or curator of the major descendant confirming –
 - ✓ the nature of the major descendant's diminished legal capacity;
 - ✓ the nature of the major descendant's dependency on the deceased breadwinner; and
 - ✓ whether the major descendant is employed or otherwise earning an income.
 - ☐ if no claim has already been submitted by a spouse, life partner or child of the deceased breadwinner, documentary proof of the deceased breadwinner's income, as set out above.
 - ☐ in the event that the major descendant is earning an income, documentary proof of the major descendant's income, as set out above.

- ☐ a completed bank indemnity form (RABS 10 form), required if the person making the claim has not previously submitted the aforementioned form to RABS, or if the person's bank account details have changed.
- if the claimant is the parent, grandparent, grandchild or sibling of the deceased breadwinner, as the case may be, the claimant shall prove dependency by furnishing the below documents –
 - ☐ documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to support of parent, grandparent, grandchild or sibling, such as bank statements of the parent or sibling reflecting payment received from the deceased breadwinner; bank statements of the deceased breadwinner reflecting payment made in respect of items relating to the support of the parent, grandparent, grandchild or sibling; and receipts issued to the deceased breadwinner in respect of items relating to the support of the parent, grandparent, grandchild or sibling; **AND**
 - ☐ affidavits by not less than two immediate family members of the deceased breadwinner confirming the nature of the parent, grandparent, grandchild or sibling's dependency on the deceased breadwinner, provided that any other persons with personal knowledge of the facts can furnish the affidavit if no immediate family members are available to do so; **AND**
 - ☐ the statutory affidavit (paragraph 1) by the parent, grandparent, grandchild or sibling confirming –
 - ✓ the nature of his / her dependency on the deceased breadwinner; and
 - ✓ whether he / she is employed or otherwise earning an income.
 - ☐ if no claim has already been submitted by a spouse, life partner or child of the deceased breadwinner, documentary proof of the deceased breadwinner's income, as set out above.
 - ☐ in the event that the parent, grandparent, grandchild or sibling is earning an income, documentary proof of the parent's, grandparent's, grandchild's or sibling's income, as set out above.
 - ☐ a completed bank indemnity form (RABS 10 form), required if the person making the claim has not previously submitted the aforementioned form to RABS, or if the person's bank account details have changed.
- if the claimant is any other person, the claimant shall prove dependency by furnishing the below documents –
 - ☐ documentary proof (certified copies) of the financial contributions made by the deceased breadwinner to the person, such as bank statements of the person reflecting payment received from the deceased breadwinner; bank statements of the deceased breadwinner reflecting payment made in respect of items relating to the support of the person; and receipts issued to the deceased breadwinner in respect of items relating to the support of the person; **AND**
 - ☐ affidavits by not less than two immediate family members of the deceased breadwinner confirming the nature of the person's dependency on the deceased breadwinner; provided that any other persons with personal knowledge of the facts can furnish the affidavit if no immediate family members are available to do so; **AND**
 - ☐ the statutory affidavit (paragraph 1) by the person confirming –
 - ✓ the legal basis of his / her alleged entitlement to receive support from the deceased breadwinner;
 - ✓ the nature of his / her dependency on the deceased breadwinner; and
 - ✓ whether he / she is employed or otherwise earning an income.
 - ☐ if no claim has already been submitted by a spouse, life partner or child of the deceased breadwinner, documentary proof of the deceased breadwinner's income, as set out above.
 - ☐ in the event that the person is earning an income, documentary proof of the person's income, as set out above.
 - ☐ a completed bank indemnity form (RABS 10 form), required if the person making the claim has not previously submitted the aforementioned form to RABS, or if the person's bank account details have changed.

If the claimant is acting in a representative capacity on behalf of a dependent (other than a child dependent):

- o documentary proof of the claimant's authority to act for the dependent - examples of such documentary proof include a copy of a special power of attorney; or a court order appointing a curator; and
- o the additional documents specified above.

HOW MUCH TIME IS THERE TO CLAIM?

Subject to certain exceptions, a claim must be lodged with RABS *within 3 years* from the date of the death of the breadwinner. It is always better to lodge the claim as soon as possible.

RABS is there to assist you with your claim. Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call.

WHAT IS REQUIRED FOR A VALID CLAIM?

For the claim to be valid the following must be true:

- o the documents specified above must accompany this claim form;
- o a copy of the BI-1663 or DHA-1663 registration of death form in respect of the deceased breadwinner;
- o this claim form must be signed by the claimant (the person lodging the claim or the authorised representative);
- o this claim form must be completed in all its particulars;
- o the accident report, (paragraph D) below, must be completed, if not previously completed;
- o the declarations, (paragraph H) below, must be completed and signed; and
- o the statutory affidavit (paragraph I) must be furnished.

WHAT HAPPENS IF A VALID CLAIM IS NOT LODGED?

RABS can only approve a family support benefit if a valid claim is lodged within the period referred to above.

If a valid claim is not lodged with RABS within the specified period the claim will no longer be valid and RABS will not be able to provide any family support benefit.

WHERE TO GET HELP TO COMPLETE THIS CLAIM FORM:

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call. Alternatively

you can attend at any of the RABS offices or customer service centres for assistance.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO LODGE YOUR CLAIM:

The RABS 5 form and required additional documentation can be lodged by –

Posting the claim to:

.....;

Faxing the claim to:

.....;

E-mailing the claim to:

.....; or

Online at: www.rabs.co.za; or

By physically delivering the claim to any of the RABS offices or customer service centres nationally.

A. CLAIMANT DETAILS:

Name(s):

Surname (if applicable):

Identifying number:
(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Company or Close Corporation registration number

Work phone no

Home phone no

Cell phone no

E-mail

Postal address

.....Postal code

Home / business address

B. DECEASED BREADWINNER'S DETAILS:

Name(s):

Surname:

Identifying number:
(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Date of birth

Date of death:

(Attach a copy of the death certificate).

C. DEPENDENT'S DETAILS:

Name(s):

Surname :

Identifying number:
(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Company or Close Corporation registration number

Age: Sex: ☐ Male ☐ Female

Indicate relationship to deceased:

- ☐ Spouse ☐ Child (below age 18) ☐ Other

If "other", describe the nature of the dependency on the deceased:

Work phone no

Home phone no

Cell phone no

E-mail

Postal address

.....Postal code

Home / business address

D. ROAD ACCIDENT REPORT:Note: this paragraph need not be completed where a previous claim has been lodged by the claimant and

where this paragraph was completed in such previous claim. Was this paragraph completed in a previous claim lodged by the claimant?

☐ Yes ☐ No

Date of accident:

Time of accident:

Where did the accident take place?

- City / town name:

- Street names:

.....

.....

Registration number(s) of vehicle(s) involved in the road accident:

-;

-;

-;

-;

-;

-;

Was the accident reported to the police? ☐ Yes ☐ No

If yes, kindly furnish the following information:

- Name of police station:

- Police reference number:

Was anyone else involved in the road accident?

☐ Yes ☐ No

Did anyone witness the road accident?

☐ Yes ☐ No

If you answered yes to either question, kindly furnish the following details in respect of such persons (if available):

1. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

2. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

3. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

4. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

- ☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

E. COMPENSATION / DAMAGES PAYMENTS RECEIVED:

Has the Compensation Commissioner (in terms of the Compensation for Occupational Injuries and Diseases Act, 1993) or the Compensation Board (in terms of the Defence Act, 2002) made any payment in respect of the dependent's loss of support?

- ☐ Yes ☐ No

If yes, how much has been paid: R

F. EARNING SINCE ROAD ACCIDENT:

Has the dependent (other than a child dependent) earned an income from employment or work since the death of the deceased?

- ☐ Yes ☐ No

If yes, please furnish details of the nature of the employment or work and the income earned:

.....

G. ORDINARY PLACE OF RESIDENCE:

Is the dependent's ordinary residence situated in the Republic of South Africa?

- ☐ Yes ☐ No

In the three years preceding the date of the deceased's death, was the dependent living outside of the Republic of South Africa for a period of six months or longer during any of the three years?

- ☐ Yes ☐ No

Has the dependent lived outside of the Republic of South Africa for any period(s) since the deceased's death?

- ☐ Yes ☐ No

If yes, please furnish details of the nature of the stay outside of the Republic of South Africa and the dates and duration of such absences:

.....

H. STATUTORY DECLARATION BY CLAIMANT:

Kindly indicate your response to the below declarations and then sign in the space provided:

I
 (name and surname)

☐ the claimant (dependent); or

☐ the claimant (duly authorised representative of the dependent),

declare as follows:

I take note that any person who provides RABS with false or misleading information *knowing it to be false or misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this claim form and the additional documentation submitted with the claim is, to the best of my knowledge and belief, true and correct in every respect.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes

to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....
Full names and surname

.....
Signature of claimant

.....
Date

1. STATUTORY AFFIDAVIT:

I,,

(state full name(s) and surname of deponent)

In my capacity as –

(delete the options below that are not applicable, leave only the applicable option)

- (a) spouse or civil union partner or life partner;
- (b) major descendant;
- (c) representative, on behalf of a major descendant (subject to a legal disability);
- (d) parent, grandparent, grandchild or sibling;
- (e) other dependent person;

in relation to the deceased breadwinner identified in paragraph B of this RABS 5 Form, hereby state as follows:

1. All statement made in this affidavit are to the best of my belief true in every respect.
2. I confirm that -

(delete the options below that are not applicable, leave only the applicable option)

- (a) in my capacity as spouse / civil union partner / life partner, of the deceased breadwinner identified in paragraph B of this RABS 5 Form:

2.1 the marriage / permanent domestic life partnership was / was not (*delete as applicable*) in existence on the date of death of the deceased breadwinner;

2.2 I am / am not currently employed / otherwise receiving an income (*delete as applicable*); and

2.3 before the death of the deceased breadwinner I received the following income (*provide details of the amount of income received (if any) as well as the source of the income*):

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

- (b) in my capacity as major descendant / representative of the major descendant (subject to a legal disability), of the deceased breadwinner identified in paragraph B of this RABS 5 Form:

2.1 the major descendant is subject to the following legal disability (*provide details of the legal disability (if any)*):

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

2.2 I / the major descendant (subject to a legal disability) am / am not currently employed / otherwise receiving an income (*delete as applicable*); and

2.3 before the death of the deceased breadwinner I / the major descendant (subject to a legal disability) received the following income (provide details of the amount of income received (if any) as well as the source of the income):

(c) in my capacity as parent, grandparent, grandchild or sibling, of the deceased breadwinner identified in paragraph B of this RABS 5 Form:

2.1 I am / am not currently employed / otherwise receiving an income (*delete as applicable*); and

2.2 I was dependent on the deceased breadwinner because (provide details of the nature of the dependency):

(d) in my capacity as a person entitled to support from the deceased breadwinner identified in paragraph B of this RABS 5 Form:

2.1 the legal basis on which I allege that I was entitled to receive support from the deceased breadwinner is as follows (provide details):

2.2 I was dependent on the deceased breadwinner because (provide details of the nature of the dependency for support):

2.3 I am / am not currently employed / otherwise receiving an income (*delete as applicable*).

Signature of Deponent

I 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 below:

- (a) Do you know and understand the contents of the above declaration?

Answer:.....

- (b) Do you have any objection to taking the prescribed oath?

Answer:.....

- (c) Do you consider the prescribed oath to be binding on your conscience?

Answer:.....

I certify that the Deponent has acknowledged that she / he knows and understands the contents of this declaration which was sworn to /affirmed before me, and the Deponent's signature was placed thereon.

Dated at this day of 20

Justice of the Peace / Commissioner of Oaths

Full names:

Designation:

Area for which appointed:

Business address:

.....

Annexure F

RABS 6 Claim Form: Funeral Benefit

Please complete this form to make a claim for a funeral benefit and be sure to attach the specified documentation.

WHAT IS A FUNERAL BENEFIT?

RABS provides a prescribed fixed, lump sum (once off), payment to the immediate family of a person killed as a result of a road accident, to assist the immediate family to pay for the burial or cremation of their loved one. An immediate family member, in relation to the deceased, is defined as a spouse, grandchild or child above the age of *eighteen*, sibling, parent or grandparent.

In the event that the immediate family of the deceased do not submit a claim, RABS will accept a claim by any other person who paid for the funeral expenses. This person is however required to submit a detailed invoice reflecting the expenses incurred. RABS will pay only those funeral expenses that are considered reasonable. RABS will pay a lump-sum (once off) funeral benefit, up to the prescribed maximum amount

The prescribed maximum amount is determined by the Minister of Transport and published in the Gazette, from time to time.

WHO CAN CLAIM?

The following persons may claim a funeral benefit:

- a person who is *an immediate family member* of the deceased; or
- *funeral parlour or any other person* who paid for the funeral expenses.

Please phone one of the RABS consultants at 0800...RABS should you require more information or assistance. It is a free call.

WHAT OTHER DOCUMENTATION MUST ACCOMPANY THIS CLAIM FORM?

If the person making the claim is an *immediate family member*:

- the statutory affidavit (paragraph E) must be furnished to confirm that the claimant is a spouse, grandchild or child above the age of *eighteen*, sibling, parent or grand parent of the deceased;
- documentary proof of the identity of the claimant –

- ☐ if the injured person is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:

- ✓ identity document;
- ✓ valid passport;
- ✓ valid driver's license; or
- ✓ birth certificate.

- ☐ if the claimant is *not* a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:

- ✓ foreign passport;
- ✓ birth certificate issued by the country of origin;
- ✓ valid international driver's license;
- ✓ any valid permit or visa issued to the person in terms of the Immigration Act, 2002; or
- ✓ an asylum seeker permit or identity document issued to the person in terms of the Refugees Act, 1998.

- a copy of the BI-1663 or DHA-1663 registration of death form in respect of the deceased breadwinner;

- if the registration of death form does not confirm the cause of death as being a road accident the claimant must submit verifiable documentary proof confirming that the road accident was the cause of death;
- a completed bank indemnity form (RABS 10 form), required if the person making the claim has not previously submitted the aforementioned form to RABS, or if the person's bank account details have changed.

If the person making the claim is the funeral parlour / another person funeral parlour:

- documentary proof of the identity of the claimant –
 - ☐ if the claimant is a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ identity document;
 - ✓ valid passport;
 - ✓ valid driver's license; or
 - ✓ birth certificate.
 - ☐ if the claimant is *not* a South African citizen, a *certified copy* of any one of the following documents must be submitted with this claim form:
 - ✓ foreign passport;
 - ✓ birth certificate issued by the country of origin;
 - ✓ valid international driver's license;
 - ✓ any valid permit or visa issued to the claimant in terms of the Immigration Act, 2002; or
 - ✓ an asylum seeker permit or identity document issued to the claimant in terms of the Refugees Act, 1998.
 - ☐ if the person making the claim is a business entity, a *certified copy* of one of the following applicable documents, as the case may be –
 - ✓ a company must submit a registration certificate;
 - ✓ foreign companies must submit the applicable official document of incorporation;
 - ✓ trusts must submit a trust deed;
 - ✓ close corporations must submit a founding statement or amended founding statement, if applicable;
 - ✓ partnerships must submit a partnership agreement; or
 - ✓ other entities must submit the document that establishes the entity.

- the original, detailed invoice, reflecting the following

minimum information:

- ☐ the name of the claimant;
- ☐ the name of the funeral parlour;
- ☐ contact details of the funeral parlour;
- ☐ the name and surname of the deceased;
- ☐ the date of the funeral service;
- ☐ itemised details of the goods and services invoiced for; and
- ☐ the amounts claimed per item.

- a *certified copy* of the BI-1663 or DHA-1663 registration of death form;
- if registration of death form does not confirm the cause of death as being a road accident, the claimant must submit verifiable documentary proof confirming that the road accident was the cause of death; and
- a completed bank indemnity form (RABS 10 form), required if the person making the claim has not previously submitted the aforementioned form to RABS, or if the person's bank account details have changed.

HOW MUCH TIME IS THERE TO CLAIM?

Subject to certain exceptions, a claim must be lodged with RABS *within 3 years* from the date of death of the deceased. It is always better to lodge the claim as soon as possible.

RABS is there to assist you with your claim. Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call.

WHAT IS REQUIRED FOR A VALID CLAIM?

For the claim to be valid the following must be true:

- the documents specified above must accompany this claim form;
- this claim form must be signed by the claimant (the person lodging the claim);
- this claim form must be completed in all its particulars;
- the road accident report, (paragraph C) below, must be completed, if not previously completed;
- the declarations, (paragraph D) below, must be completed and signed; and
- the statutory affidavit (paragraph E), if the claimant is an immediate family member of the deceased.

WHAT HAPPENS IF A VALID CLAIM IS NOT LODGED?

RABS can only approve a benefit if a valid claim is lodged within the period referred to above. If a valid claim is

not lodged with RABS within the specified period the claim will no longer be valid and RABS will not be able to provide a funeral benefit.

WHERE TO GET HELP TO COMPLETE THIS CLAIM FORM:

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call. Alternatively you can attend at any of the RABS offices or customer service centres for assistance.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO LODGE YOUR CLAIM:

The RABS 6 form and required additional documentation can be lodged by –

Posting the claim to:

.....;

Faxing the claim to:

.....;

E-mailing the claim to:

.....; or

Online at: www.rabs.co.za; or

By physically delivering the claim to any of the RABS offices or customer service centres nationally.

A. CLAIMANT DETAILS:

Name(s):

Surname (if applicable):

Identifying number:

(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Company or Close Corporation registration number

Indicate relationship to deceased:

- ☐ Spouse ☐ Parent ☐ Sibling
☐ Grandchild or Child (eighteen years or older)
☒ Grandparent ☐ Other

If "other", describe the nature of the relationship to the deceased and the basis of this claim:

.....

Work phone no

Home phone no

Cell phone no

E-mail

Postal address

.....

.....Postal code

Home / business address

.....

.....

.....

B. DECEASED'S DETAILS:

Name(s):

Surname:

Identifying number:

(Tick the applicable box below)

☐ Identity number

☐ Passport number

☐ Drivers license

☐ Permit / Visum

☐ Date of birth

Date of death:

(Attach a copy of the death certificate).

Age: Sex: ☐ Male ☐ Female

C. ROAD ACCIDENT REPORT:

Note: this paragraph need not be completed where a previous claim has been lodged by the claimant and where this paragraph was completed in such previous claim. Was this paragraph completed in a previous claim lodged by the claimant?

☐ Yes ☐ No

Date of accident:

Time of accident:

Where did the accident take place?

- City / town name:

- Street names:

.....

.....

Registration number(s) of vehicle(s) involved in the road accident:

-

-

-

-

-

-

Was the accident reported to the police? ☐ Yes ☐ No

If yes, kindly furnish the following information:

- Name of police station:

- Police reference number:

Was anyone else involved in the road accident?

- ☐ Yes ☐ No

Did anyone witness the road accident?

☐ Yes ☐ No

If you answered yes to either question, kindly furnish the following details in respect of such persons (if available):

1. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

2. Name(s):

Surname:

Work phone no:

☐ the claimant, or

Home phone no:

☐ the duly authorised representative of the claimant,
(Indicate which)

Cell phone no:

declare as follows:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

I take note that any person who provides RABS with false or misleading information *knowing it to be false or misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

3. Name(s):

I confirm that the information provided in this claim form is, to the best of my knowledge and belief, true and correct in every respect.

Surname:

Work phone no:

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

Home phone no:

Cell phone no:

E-mail:

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

4. Name(s):

Surname:

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Full names and surname

Indicate the person's role in accident:

☐ Driver ☐ Passenger ☐ Cyclist ☐ Pedestrian
☐ Motorcyclist ☐ Witness

Signature of the claimant

Date

D. STATUTORY DECLARATION BY CLAIMANT:

The statutory affidavit must be provided where the claimant

I
(name and surname)

E. STATUTORY AFFIDAVIT:

This statutory affidavit must be provided in the event that the claimant is an immediate family member of the deceased.

I,
(state full name(s) and surname of deponent)

hereby state as follows:

1. The statement in paragraph 2 and 3 below is to the best of my belief true in every respect.
2. I am an immediate family member of the deceased identified in paragraph B of this RABS 6 Claim Form.
3. I am a spouse / parent / sibling / child / grandparent *(circle the applicable option)* of the deceased identified in paragraph B of this RABS 6 Claim Form.

.....
Signature of Deponent

I 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 below:

- (a) Do you know and understand the contents of the above declaration?

Answer:.....

- (b) Do you have any objection to taking the prescribed oath?

Answer:.....

- (c) Do you consider the prescribed oath to be binding on your conscience?

Answer:.....

I certify that the Deponent has acknowledged that she / he knows and understands the contents of this declaration which was sworn to /affirmed before me, and the Deponent's signature was placed thereon.

Dated at this day of 20

Justice of the Peace / Commissioner of Oaths

Full names:

Designation:

Area for which appointed:

Business address:

.....

Annexure G

RABS 7: Incapacity Certificate

This certificate must be completed by a medical practitioner and submitted to RABS when a claim is made for a temporary income-support benefit.

WHAT IS THE PURPOSE OF THIS CERTIFICATE?

This Incapacity Certificate is used by RABS, firstly as part of the assessment conducted to determine whether a person injured in a road accident is entitled to claim a temporary income support benefit, and secondly to assess the period for which the injured person qualifies for the temporary income support benefit.

WHEN MUST THIS CERTIFICATE BE SUBMITTED?

Subject to certain exceptions, a *complete* claim for a temporary income support benefit must be lodged with RABS *within 3 years* from the date of the road accident.

A claim is considered complete if the claim is lodged on the correct claim form (RABS 3), and if the claim is accompanied by all of the required documents specified in the RABS rules. This Incapacity Certificate is one such required document.

Therefore, this Incapacity Certificate must be submitted to RABS no later than the period specified above.

It is always better to lodge the claim as soon as possible.

WHAT HAPPENS IF THIS CERTIFICATE IS NOT LODGED WITH RABS?

RABS can only approve a benefit if a valid claim is lodged within the period referred to above. If a valid claim is not lodged with RABS within the specified period the claim will no longer be valid and RABS will not be able to provide a temporary income-support benefit.

WHO MUST SUBMIT THIS CERTIFICATE?

This Incapacity Certificate may be submitted by a claimant or by the medical practitioner who completed it.

The Incapacity Certificate must be completed by the medical practitioner who assessed the injured person.

WHERE TO GET HELP TO COMPLETE THIS CERTIFICATE?

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to

process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO LODGE THIS CERTIFICATE WITH RABS:

The Incapacity Certificate can be lodged by –

Posting it to:

.....;

Faxing it to:

.....;

E-mailing it to:

.....;

Online at: www.rabs.gov.za; or

By physically delivering the Incapacity Certificate to any of the RABS offices or customer service centres nationally.

A. RABS CLAIM NUMBER:

RABS claim number:
(If known)

B. INJURED PERSON'S DETAILS:

Name(s):

Surname:

Identifying number:
(Tick the applicable box below)

- | | |
|--|--|
| <input type="checkbox"/> Identity number | <input type="checkbox"/> Passport number |
| <input type="checkbox"/> Drivers license | <input type="checkbox"/> Permit / Visa |

Date of birth:

Sex ☐ Male ☐ Female

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

Home / business address:

.....

.....

Language spoken:

C. MEDICAL PRACTITIONER DETAILS:

Name(s):

Surname:

Practice number:

Work phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

D. CURRENT CLINICAL DIAGNOSIS:

Date of road accident:

Date of examination / interview:

Was the injured person physically examined?

Yes ☐ No ☐

If yes, indicate what *road accident related* injuries the injured person sustained (include ICD 10 codes, where applicable):

.....

.....

.....

.....

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100 101 102 103 104 105 106 107 108 109 110 111 112 113 114 115 116 117 118 119 120 121 122 123 124 125 126 127 128 129 130 131 132 133 134 135 136 137 138 139 140 141 142 143 144 145 146 147 148 149 150 151 152 153 154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182 183 184 185 186 187 188 189 190 191 192 193 194 195 196 197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215 216 217 218 219 220 221 222 223 224 225 226 227 228 229 230 231 232 233 234 235 236 237 238 239 240 241 242 243 244 245 246 247 248 249 250 251 252 253 254 255 256 257 258 259 260 261 262 263 264 265 266 267 268 269 270 271 272 273 274 275 276 277 278 279 280 281 282 283 284 285 286 287 288 289 290 291 292 293 294 295 296 297 298 299 300 301 302 303 304 305 306 307 308 309 310 311 312 313 314 315 316 317 318 319 320 321 322 323 324 325 326 327 328 329 330 331 332 333 334 335 336 337 338 339 340 341 342 343 344 345 346 347 348 349 350 351 352 353 354 355 356 357 358 359 360 361 362 363 364 365 366 367 368 369 370 371 372 373 374 375 376 377 378 379 380 381 382 383 384 385 386 387 388 389 390 391 392 393 394 395 396 397 398 399 400 401 402 403 404 405 406 407 408 409 410 411 412 413 414 415 416 417 418 419 420 421 422 423 424 425 426 427 428 429 430 431 432 433 434 435 436 437 438 439 440 441 442 443 444 445 446 447 448 449 450 451 452 453 454 455 456 457 458 459 460 461 462 463 464 465 466 467 468 469 470 471 472 473 474 475 476 477 478 479 480 481 482 483 484 485 486 487 488 489 490 491 492 493 494 495 496 497 498 499 500 501 502 503 504 505 506 507 508 509 510 511 512 513 514 515 516 517 518 519 520 521 522 523 524 525 526 527 528 529 530 531 532 533 534 535 536 537 538 539 540 541 542 543 544 545 546 547 548 549 550 551 552 553 554 555 556 557 558 559 560 561 562 563 564 565 566 567 568 569 570 571 572 573 574 575 576 577 578 579 580 581 582 583 584 585 586 587 588 589 590 591 592 593 594 595 596 597 598 599 600 601 602 603 604 605 606 607 608 609 610 611 612 613 614 615 616 617 618 619 620 621 622 623 624 625 626 627 628 629 630 631 632 633 634 635 636 637 638 639 640 641 642 643 644 645 646 647 648 649 650 651 652 653 654 655 656 657 658 659 660 661 662 663 664 665 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687 688 689 690 691 692 693 694 695 696 697 698 699 700 701 702 703 704 705 706 707 708 709 710 711 712 713 714 715 716 717 718 719 720 721 722 723 724 725 726 727 728 729 730 731 732 733 734 735 736 737 738 739 740 741 742 743 744 745 746 747 748 749 750 751 752 753 754 755 756 757 758 759 760 761 762 763 764 765 766 767 768 769 770 771 772 773 774 775 776 777 778 779 780 781 782 783 784 785 786 787 788 789 790 791 792 793 794 795 796 797 798 799 800 801 802 803 804 805 806 807 808 809 810 811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841 842 843 844 845 846 847 848 849 850 851 852 853 854 855 856 857 858 859 860 861 862 863 864 865 866 867 868 869 870 871 872 873 874 875 876 877 878 879 880 881 882 883 884 885 886 887 888 889 890 891 892 893 894 895 896 897 898 899 900 901 902 903 904 905 906 907 908 909 910 911 912 913 914 915 916 917 918 919 920 921 922 923 924 925 926 927 928 929 930 931 932 933 934 935 936 937 938 939 940 941 942 943 944 945 946 947 948 949 950 951 952 953 954 955 956 957 958 959 960 961 962 963 964 965 966 967 968 969 970 971 972 973 974 975 976 977 978 979 980 981 982 983 984 985 986 987 988 989 990 991 992 993 994 995 996 997 998 999 1000 1001 1002 1003 1004 1005 1006 1007 1008 1009 1010 1011 1012 1013 1014 1015 1016 1017 1018 1019 1020 1021 1022 1023 1024 1025 1026 1027 1028 1029 1030 1031 1032 1033 1034 1035 1036 1037 1038 1039 104

E. CAPACITY TO WORK:

Is the injured person's ability to perform his / her pre-accident occupation or work affected by the *road accident related* injuries? ☐ Yes ☐ No

If yes, please comment on the injured person's work restrictions, work capacity, need for support services and expected return to work:

The injured person is / was unfit for work:

* from: _____

- to:

F. MEDICAL PRACTITIONER DECLARATION:

(full names and surname)

declare as follows:

I take note that any person who provides RABS with false or misleading information *knowing it to be false*

or *misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this Incapacity Certificate is, to the best of my knowledge and belief, true and correct in every respect.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....
Full names and surname

.....
Signature of medical practitioner

.....
Date

Practice Stamp

Annexure H

RABS 8: Notice of Appeal

Please complete and submit this notice to RABS if you wish to lodge an appeal against a decision.

WHAT IS THE PURPOSE OF THIS NOTIFICATION?

The lodgement of a RABS 8 (Notice) provides you with the opportunity to have RABS reconsider a decision it has taken, which decision you are unsatisfied with, with regards to your claim or your benefits, or failure by RABS to accept or reject your claim within 180 days from the date that the claim was lodged.

The lodgement of the Notice allows you to:

- furnish details of the RABS decision you are not satisfied with;
- motivate why you are unsatisfied with the decision;
- submit further documentation; and
- furnish details of the information you wish to be considered.

WHEN MUST THE NOTICE BE LODGED?

You must lodge the Notice within 30 days of being notified of the RABS decision that you are appealing against; or within 30 days of the expiry of the 180 day period within which RABS is required to accept or reject the claim.

WHAT HAPPENS WHEN YOUR NOTICE OF APPEAL IS RECEIVED?

Your Notice will be referred to one of the RABS dedicated internal appeal bodies for consideration. These appeal bodies each consist of three RABS officers specifically authorised to consider appeals.

The appeal body decides appeals on the available documentation, including your Notice and any additional documentation submitted with your Notice. No other written or oral arguments are considered and no witnesses appear before the appeal body. You will therefore not be called to a hearing.

The appeal body will review the matter and may:

- confirm or reverse the decision you are appealing against;
- replace the decision with another decision; or
- refer the issue raised in your Notice to a medical or other expert for final determination.

The outcome of the appeal will be communicated to you, in writing, with reasons, within 180 days from the date of lodgement of the Notice, or within 30 days if the appeal pertains to a failure by RABS to accept or reject your claim within 180 days from the date that the claim was lodged.

WHAT IF YOU ARE UNSATISFIED WITH THE OUTCOME OF THE APPEAL?

The decision by the appeal body is final.

However, you may now approach a court for a review of the appeal body's decision in terms of the Promotion of Administrative Justice Act, 2000 (Act 3 of 2000).

WHO MUST SUBMIT THIS NOTICE?

This Notice must be submitted by the claimant or beneficiary who is impacted by decision being appealed against, or his or her authorised representative.

WHERE TO GET HELP TO COMPLETE THIS NOTICE?

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and

maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO LODGE THIS NOTICE WITH RABS:

The Notice can be lodged by –

Posting it to:

.....;

Faxing it to:

.....;

E-mailing it to:

.....;

Online at: www.rabs.gov.za; or

By physically delivering the Notice of Appeal to any of the RABS offices or customer service centres nationally.

A. RABS CLAIM NUMBER:

RABS claim number:

B. DETAILS OF PERSON LODGING THE APPEAL:

Name(s):

Surname (if applicable):

Identifying number:

(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Company or Close Corporation registration number

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

Home / business address:

.....

.....

Language spoken:

C. DETAILS OF DECISION TO BE REVIEWED:

Is this appeal lodged because RABS has failed to accept or reject your claim within 180 days from the date that the claim was lodged? ☐ Yes ☐ No

If not, please furnish details of the RABS decision you want reviewed:

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D. MOTIVATION FOR A REVISED DECISION:

Please motivate why, in your view, the decision by RABS is incorrect and specify what specific information must be considered:

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E. ADDITIONAL DOCUMENTATION:

Please list the additional documents submitted with this Notice of Appeal (if any):

1.
2.
3.
4.
5.
6.

F. DECLARATION:

Kindly indicate your response to the below declarations and then sign in the space provided:

I
(full names and surname)

☐ the person lodging the appeal, or

☐ the duly authorised representative of the person
lodging the appeal,
(indicate which)

declare as follows:

I take note that any person who provides RABS with false or misleading information *knowing it to be false or misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this Notice of Appeal (and the additional documents listed in paragraph E) is, to the best of my knowledge and belief, true and correct in every respect.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....
Full names and surname

.....
Signature

.....
Date

Annexure I

RABS 9: Pre-Authorisation Request

Please complete this form to request pre-authorisation of a health care service.

WHAT IS PRE-AUTHORISATION?

The pre-authorisation process allows RABS to evaluate the medical necessity and appropriateness of certain health care services, in accordance with RABS rules and policies, before the health care service is provided to the injured person, to ensure that such health care service benefits are provided and managed by RABS in an appropriate and effective manner that also ensures value for money.

WHEN IS PRE-AUTHORISATION REQUIRED?

Unless it is an emergency situation, it is a requirement that pre-authorisation is obtained from RABS in respect of the following health care services:

- pre-hospital care and inter-facility transfer;
- hospitalisation and outpatient services;
- inter-facility transport and other transport and accommodation necessary to receive any health care service;
- rehabilitative care;
- vocational ability assessment and training;
- long-term personal care;
- assistive devices; and
- structural changes to homes, vehicles and the workplace.

RABS may develop policies pertaining to pre-authorisation of any of the above health care services.

WHEN IS PRE-AUTHORISATION NOT REQUIRED?

Pre-authorisation is not required if:

- the health care service is urgently required, in an emergency situation, in order to preserve the injured person's life or bodily functions, or if treatment cannot be delayed; or

- in the opinion of a medical practitioner, who has personally examined the injured person, the injured person's medical condition, would subject the injured person to severe pain that cannot be adequately managed without immediate medical intervention.

However, once the injured person is admitted to hospital, pre-authorisation must be obtained within 72 hours of admission, in respect of medical health care services that will be provided after the 72 hour period.

Additionally, no pre-authorisation is required in respect of any health care service provided to the injured person in accordance with an individual treatment and rehabilitation plan, or vocational training program, which has been determined in accordance with the Act.

WHO MAY APPLY FOR PRE-AUTHORISATION?

The following persons may apply for the pre-authorisation of a health care service:

- the *health care service provider* that will be providing the health care service to the injured person;
- the *injured person* who will be receiving the health care service; or
- a *representative* of the injured person.

WHAT HAPPENS IF PRIOR PRE-AUTHORISATION IS NOT OBTAINED?

RABS will not pay a health care benefit if prior pre-authorisation was required but not requested and approved.

ADDITIONAL DOCUMENTATION:

Please attach a treatment plan or written motivation, as the case may be, and a *detailed quotation* specifying all relevant diagnosis (ICD 10) and procedural (CPT / CCSA) and NAPPI / SAOPA codes.

Note that RABS may request additional information or documentation in order to consider the request for pre-authorisation.

WHERE TO GET HELP TO COMPLETE THIS PRE-AUTHORISATION REQUEST:

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call. Alternatively you can attend at any of the RABS offices or customer service centres for assistance.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO REQUEST PRE-AUTHORISATION:

The Pre-Authorisation Request and any additional written motivations, clinical and other reports must be

sent to RABS, not less than 72 hours before the health care service is required, to:

E-mail to:;

Fax to:; or

Online at: www.rabs...

By physically delivering the Accident Report to any of the RABS offices or customer service centres nationally.

A. RABS NUMBERS:

RABS claim number:
(If known)

Date of accident:

B. INJURED PERSON'S DETAILS:

Name(s):

Surname:

Sex: ☐ Male ☐ Female

Date of birth:

Identifying number:
(Tick the applicable box below)

☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Date of birth

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Language spoken:

C. HEALTH CARE SERVICE PROVIDER DETAILS:

Name(s):

Surname (if applicable):

Identifying number:
(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Company or Close Corporation registration number

Practice number (if applicable):

Business phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

Business address:

.....

.....

D. HEALTH CARE SERVICE(S) DETAILS:

The injured person sustained the following injuries in the road accident (please specify ICD 10 codes where applicable):

.....

.....

.....

.....

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.....

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.....

.....

This Request for Pre-Authorisation is made in respect of the following health care service(s) to be provided to the injured person in respect of the above accident related injuries, more fully described in the attached quotation (please specify procedural codes (CPT / CCSA / NAPPI / SAOPA where applicable):

E. STATUTORY DECLARATION:

Kindly indicate your response to the below declarations and then sign in the space provided:

I
(full names and surname)

- ☐ the injured person,
☐ the representative of the injured person,
☐ the health care service provider, or
☐ the duly authorised representative of the health care service provider,

(indicate which)

declare as follows:

I take note that any person who provides RABS with false or misleading information *knowing it to be false or misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this Request for Pre-Authorisation, treatment plan or written motivation and quotation is, to the best of my knowledge and belief, true and correct in every respect.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information

may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....
Full names and surname

.....
Signature

.....
Date

Annexure J

RABS 10: Bank Indemnity Form

Please complete this form if you are claiming payment of a benefit.

WHAT IS THE BANK INDEMNITY FORM USED FOR?

If a claim for a benefit is approved by RABS the payment will be made into the bank account which is designated in this Bank Indemnity Form.

To ensure that the bank account is that of the claimant or beneficiary, as the case may be, RABS requires that the banking institution with which the account is held verifies the banking details of the account holder.

This Bank Indemnity Form also serves as an indemnity in favour of RABS against claims based on payments that were made into a wrong account.

A claimant or beneficiary, as the case may be, who changes his or her bank account must notify RABS of the change and submit a new Bank Indemnity Form. To allow RABS time to make the necessary changes you must ensure that the new Bank Indemnity Form is lodged with RABS not less than 14 days before the next payment date.

WHERE TO GET HELP TO COMPLETE THIS FORM:

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call.

Alternatively you can attend at any of the RABS offices or customer service centres for assistance.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and

effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO LODGE THE FORM:

This Bank Indemnity Form must be submitted along with the relevant claim form or at any time thereafter if the bank account details of the claimant or beneficiary, as the case may be, change.

The Bank Indemnity Form can be lodged by –

Posting it to:

.....;

Faxing it to:

.....;

E-mailing it to:

.....;

Online at: www.rabs.co.za; or

By physically delivering the Bank Indemnity Form to any of the RABS offices or customer service centres nationally.

A. CLAIMANT / BENEFICIARY DETAILS:

Name(s):

Surname (if applicable):

Identifying number:

(Tick the applicable box below)

- ☐ Identity number ☐ Passport number
☐ Drivers license ☐ Permit / Visa
☐ Company / CC registration number

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

Home / business address:

.....

.....

Language spoken:

B. ACCOUNT DETAILS:

Bank:

Branch name:

Branch code:

Account holder:

(The account holder must be the individual / entity whose details appear in paragraph A).

Account type (please indicate):

- ☐ Savings ☐ Current
☐ Cheque ☐ Transmission
☐ Trust account

Account number:

(Please write legibly)

C. BANK OFFICIAL DETAILS AND DECLARATION:

Please complete and sign.

Name(s):

Surname:

Work phone no:

E-mail:

I take note that any person who provides RABS with false or misleading information *knowing it to be false or misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the bank account details in paragraph B have been verified by me and that:

- ☐ the bank account details are correct;
- ☐ that the account is active; and
- ☐ that the account holder is the individual / entity whose details appear in paragraph A.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

.....

Signature

Date



I take note that subsection 11(3) of the Protection of Personal Information Act, No. 4 of 2013, provides that, unless legislation allows for the processing of the particular personal information, that the data subject may on the basis of reasonable grounds object to the processing or further processing of the personal information.

Full names and surname

Signature

Date

D. DECLARATION BY CLAIMANT / BENEFICIARY:

Kindly indicate your response to the below declarations and then sign in the space provided:

I
(full names and surname)

- ☐ the claimant,
☐ the beneficiary,
☐ the duly authorised representative of the claimant / beneficiary,

declare as follows:

I take note that any person who provides RABS with false or misleading information *knowing it to be false or misleading*, is guilty of an offence and liable on conviction to a fine not exceeding R1 000 000,00 or to imprisonment not exceeding three years.

I confirm that the information provided in this Bank Indemnity Form is, to the best of my knowledge and belief, true and correct in every respect.

I indemnify the Road Accident Benefit Scheme from any and all claims arising from payment made into the bank account with details specified in paragraph B.

I take note that the Road Accident Benefit Scheme Bill, 2014, read with section 11 of the Protection of Personal Information Act, No. 4 of 2013, provides for the reasonable and legitimate processing of personal information by RABS to comply with its obligations under the Road Accident Scheme Bill, 2014 and to perform its public law duties. Personal information may also be further processed by RABS's contracted health care service providers, suppliers, counter contracting parties, advisors, regulators and other organs of state, for reasonable and legitimate purposes to comply with the objects of the Road Accident Scheme Bill, 2014 and any other law authorising the processing of personal information.

RABS 11: Vocational Ability Assessment

This form must be completed by a relevant medical expert and submitted to RABS when a claim is made for a long-term income support benefit.

WHAT IS THE PURPOSE OF THIS ASSESSMENT?

This Vocational Ability Assessment is used by RABS, firstly as part of the assessment conducted to determine whether a person injured in a road accident is entitled to claim a long-term income support benefit, and secondly to assess the period for which the injured person qualifies for the long-term income support benefit.

WHEN MUST THIS ASSESSMENT BE SUBMITTED?

Subject to certain exceptions, a *complete* claim for a long-term income support benefit must be lodged with RABS *within 5 years* from the date of the road accident.

A claim is considered complete if the claim is lodged on the correct claim form (RABS 4), and if the claim is accompanied by all of the required documents specified in the RABS rules. This Vocational Ability Assessment is one such required document.

Therefore, this Vocational Ability Assessment must be submitted to RABS no later than the period specified above.

It is always better to lodge the claim as soon as possible. However, the right to claim a long-term income support benefit only arises 2 years after the road accident. A claimant can claim a temporary income-support benefit for the initial two year period.

WHAT HAPPENS IF THIS ASSESSMENT IS NOT LODGED WITH RABS?

RABS can only approve a benefit if a valid claim is lodged within the period referred to above. If a valid claim is not lodged with RABS within the specified period the

claim will no longer be valid and RABS will not be able to provide a long-term income-support benefit.

WHO MUST SUBMIT THIS ASSESSMENT?

This Vocational Ability Assessment may be submitted by a claimant or by the relevant medical expert who completes it.

WHERE TO GET HELP TO COMPLETE THIS ASSESSMENT?

Please phone one of the RABS consultants at 0800...RABS for assistance. It is a free call.

YOUR PRIVACY RIGHTS:

RABS is required by law to: assist qualifying persons to submit claims; receive claims and medical reports; assess, accept or reject claims for benefits; establish and maintain a database of claimants and beneficiaries; determine appeals regarding the entitlement to or the provision of benefits; facilitate access to early and effective medical and vocational rehabilitation for injured persons; enter into agreements with public and private health care service providers for the provision of benefits; adopt measures to detect, investigate and prevent fraudulent and corrupt activities regarding claims and the provision of benefits; and keep such accounting and related records as required by law. In order to comply with the aforementioned obligations it is necessary for RABS to process personal information. The Road Accident Benefit Scheme Bill, 2014, Protection of Personal Information Act, No. 4 of 2013 and other legislation, regulate all operation or activity concerning personal information. Note that submission to RABS of any document containing personal information related to: the right to claim a benefit; an existing claim for a benefit; an existing benefit, or any associated document, is deemed as consent by the data subject for RABS to

process the personal information contained in the aforementioned documentation, in a reasonable manner, for the lawful purposes set out earlier in this paragraph.

HOW TO LODGE THIS ASSESSMENT WITH RABS:

The Vocational Ability Assessment can be lodged by –

Posting it to:

.....;

Faxing it to:

.....;

E-mailing it to:

.....;

Online at: www.rabs...; or

By physically delivering the Vocational Ability Assessment to any of the RABS offices or customer service centres nationally.

A. RABS CLAIM NUMBER:

RABS claim number:
(If known)

B. INJURED PERSON'S DETAILS:

Name(s):

Surname:

Identifying number:
(Tick the applicable box below)

- | | |
|--|--|
| <input type="checkbox"/> Identity number | <input type="checkbox"/> Passport number |
| <input type="checkbox"/> Drivers license | <input type="checkbox"/> Permit / Visa |

Date of birth:

Sex ☐ Male ☐ Female

Work phone no:

Home phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

Home / business address:

.....

.....

Language spoken:

C. MEDICAL EXPERT DETAILS:

Name(s):

Surname:

Practice number:

Medical speciality:

Work phone no:

Cell phone no:

E-mail:

Postal address:

.....

.....Postal code:

D. CURRENT CLINICAL DIAGNOSIS:

Date of road accident:

Date of examination:

The injured person furnished the following medical history pertaining to the injuries sustained in the road accident:

.....

.....

.....

.....

.....

(Please attach medical and other reports referred to, to substantiate the above diagnosis).

E. VOCATIONAL DISABILITY:

Having regard to the injured person's age, qualifications, training, skills and experience, is the injured person's ability to earn an income materially and detrimentally affected by the injuries sustained in the *road accident related*? ☐ Yes ☐ No

If yes, please comment on the injured person's work restrictions, vocational disability and the range of occupations or paid work which the injured person can still perform, if any:

The injured person furnished the following vocational history:

The injured person was assessed and the following diagnosis of the injury is made:

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