



**GOVERNMENT GAZETTE**  
OF THE  
**REPUBLIC OF NAMIBIA**

R0,90

WINDHOEK — 11 November 1991

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**Government Notices**

**MINISTRY OF FINANCE**

No. 125 ..... 1991

**MOTOR VEHICLE ACCIDENTS FUND REGULATIONS, 1990**

The Minister of Finance has under section 15 of the Motor Vehicle Accidents Act, 1990 (Act 30 of 1990) made the regulations set out in the Schedule:

**SCHEDULE**

**Definitions**

1. In these regulations, unless the context indicates otherwise, words and phrases shall have the meaning assigned thereto in the Act, and -

"MVAF" means the Motor Vehicle Accidents Fund;

"the Act" means the Motor Vehicle Accidents Act, 1990 (Act 30 of 1990).

- (b) No such claim shall be enforceable by legal proceedings commenced by a summons served on the MVAf before the expiration of a period of 120 days as from the date on which the claim was sent or delivered by hand, as the case may be, to the MVAf as provided for in paragraph (a):

Provided that if the MVAf repudiates in writing liability of the claim before the expiration of the said period, the claimant may at any time after such repudiation serve summons on the MVAf:

- (c) The MVAf shall not incur any liability unless the summons arising from the provisions of paragraph (b) has been properly served on the MVAf within three years and 120 days from the date of the occurrence which gave rise to the claim: Provided that the court shall not hear the action before the claimant concerned has given security to the satisfaction of the court for the costs of the MVAf in connection with such action.

(4) The provisions of paragraphs (a) and (c) of subregulation (3) shall apply to all claimants, irrespective as to whether they are subject to any legal disability.

(5) The MVAf shall at any time after having received a claim in accordance with the provisions of subregulation (3)(a), be entitled to require from any person who has suffered bodily injury giving rise to the claimant's claim to submit himself or herself, at the request of the MVAf or any of its representatives or any person so instructed by the MVAf, to interrogation by such parties at a place indicated by the MVAf or such representative or person and, at the request of the MVAf or such representative or such person, to make a sworn statement setting out in full the circumstances of the alleged occurrence on which his or her claim is based.

(6) At any time after making payment to the claimant in settlement of a claim under this regulation, whether in terms of a judgment or otherwise, and in consideration of the said payment, the MVAf shall be entitled to the cession of any claim which the claimant may have against the owner or driver of the unidentified motor vehicle, or any person responsible in law for the acts of such owner or driver.

#### *Claim form and medical report*

3. (1) The claim form and medical report shall be combined in form MVAf 1 as set out in the Annexure hereto.

(2) A claim by a supplier for the payment of incidental expenses in terms of section 6(5) of the Act shall be made in form MVAf 2 as set out in the Annexure hereto.

(3) Any form provided for in this regulation which has not been completed in all its particulars shall not be acceptable as a claim in terms of the Act or these regulations.

#### *Giving of information by owner or driver of motor vehicle*

4. The owner and the driver, if he or she is not the owner, shall, in a case where the provisions of section 9 of the Act apply, furnish the required particulars in form MVAf 3 as set out in the Annexure hereto, and forward the said form within the

MVAF 1

## CLAIM FOR LOSS OR DAMAGE AND MEDICAL REPORT

## Notes:

- (i) A separate form must be completed and lodged in respect of each person or deceased person for whose injury or death is claimed.
- (ii) In order to deal with this claim at an early date it is essential that all the required supporting vouchers and statements should accompany this form and in the case of paragraph 9 of this form it is desirable to also -
- (a) attach all medico-legal reports in the possession of the claimant; and
- (b) indicate, in regard to a claim for future loss of earnings, on a separate statement how such loss is calculated.
- (iii) Written authority for inspection by or on behalf of the MVAF or its appointed agent of all records regarding the injured or deceased person which may be in the possession of any hospital or medical practitioner must accompany this form.
- (iv) Paragraphs 2 to 5 as well as paragraph 6(a) below must be completed before this form is submitted to the medical practitioner for completion of the medical report.
- (v) Where blocks are provided for the purpose of replying to a question, place a cross in the appropriate block.
-

3. PARTICULARS OF MOTOR VEHICLE WHICH CAUSED THE LOSS OR DAMAGE:

- (a) Registration letters and number ..... (i) Make .....
- (ii) Type of body .....
- (b) Name and address of owner .....
- (c) Name and address of driver at time of accident .....
- (d) IF THE CLAIM IS MADE IN TERMS OF REGULATION 2:
  - (i) Description of unidentified vehicle (if known) .....
  - (ii) State on a separate statement attached to this form what efforts were made to establish the identity of the owner or driver of the vehicle: .....

4. PARTICULARS OF ACCIDENT IN WHICH THE VEHICLE DESCRIBED IN PARAGRAPH 3 WAS INVOLVED:

- (a) Date ..... Time ..... (b) Place .....
- (c) Police station at which reported and Police reference number (if known) .....
- (d) Detailed account of the accident, including a rough sketch of the scene of the accident supported by sworn statements by claimant and eyewitnesses (if any) (must be furnished on a separate statement attached to this form) Also attach copies of the Police report and plan, if available.

5. PARTICULARS OF ANY OTHER VEHICLES INVOLVED IN ACCIDENT (IF KNOWN)

- (a) Registration letters and number ..... (i) ..... (ii) .....

- (l) name and address of usual medical practitioner (if any) .....
- .....
- (m) Names and addresses of all medical practitioners who attended him/her after the accident (if known) .....
- .....
- (n) (i) At which hospital or nursing home or other place (if any) did he/she receive treatment after the accident? .....
- .....; and
- (ii) For what period as in-patient (from ..... to .....)
- and/or out-patient (from ..... to .....)
- (iii) Classification for hospital purposes: hospital patient
- private patient
- (iv) Hospital reference number (if known) .....
- (o) Was he/she suffering from any physical defect or infirmity immediately prior to the accident?
- YES  NO
- (p) If YES, give details .....
- .....
- (q) (i) Name and address of employer at date of accident (if more than one employer, state names and addresses of all) .....
- .....
- .....
- (ii) Period in his employment, from ..... to .....
- (iii) Nature of work .....
- (iv) Date of resumption of work .....
- (r) Was he/she injured or killed in the course of his/her employment YES  NO
- (s) State his/her income for the 12 months immediately preceding the accident -

Signed at ..... this ..... day of ..... 19..

As witnesses:

1. ....

Signature

Signature of claimant (mentioned in paragraph 2)

or his/her authorised representative. (If the above signature is not that of the claimant, proof in writing that he/she is authorised to act

2. ....

as representative of the claimant must accompany this form.)

Signature

Signature of witness

Signature

Signature of witness

Signature

Signature of witness

Signature

Signature of witness

Signature

Signature of witness

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Signature of witness

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Signature of witness

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(b) State treatment given to date .....

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

6. Is permanent disability expected? YES  NO

If YES, give full details .....

If NO, has his/her condition stabilised? .....

7. Is specialist treatment being given? YES  NO

If YES, give name and address of specialist .....

8. (a) Is future medical treatment foreseen? YES  NO

If YES:

(i) What will the probable nature of such treatment be and in respect of which injuries ....

(ii) Expected date thereof .....

(iii) Expected duration thereof .....

MVAF 7

RIGHT OF RECOURSE

Name of appointed agent .....

Return for six months ending ..... 19.....

Claim No. (arrange in numerical order)	Name of per- son against whom right of recourse is applied	Reason for right of recourse	Reason why right of recourse is abolished	Total amount recoverable	Amount reco- covered to date	Amount out- standing
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