



CLAIM FORM B

Reg. 9(1)

MOTOR VEHICLE ACCIDENT FUND

CLAIM FOR COMPENSATION

IKOPELO DIKATSO

SECTION 1: DETAILS OF PERSON CLAIMING COMPENSATION

DINTLHA KA MOIKOPEDI

a) Surname/Sefane			
b) First Names/Maina			
c) Date of birth/Letsatsi la matsalo	Place of birth/Lefelo la matsalo		
d) ID number/Omang	Passport Number/Nomore ya Pasa		
e) Status/Seemo	Single/Ga ke mo nyalong <input type="checkbox"/>	Married/ Ke mo nyalong <input type="checkbox"/>	
	Divorced/Ke ne ke le mo nyalong <input type="checkbox"/>	Widowed/Moselwa <input type="checkbox"/>	Separated/ Kgaoganye <input type="checkbox"/>
f) Residential Address/ Aterese ya bonno:			
g) Postal Address/ Aterese ya poso			
h) Telephone/ Mogala: _____ (H) _____ (W) _____ (Cell)			

**SECTION 2 DETAILS OF PERSON INJURED OR DECEASED
DINTLHA TSA MOGOBADI KANA MOSWI**

a) Surname/Sefane	
b) First Names/Maina	
c) Date of birth/Letsatsi la matsalo	Place of birth/Lefelo matsalo
d) ID number or Nomoro ya Omang	Passport Number/Nomoro ya Pasa
e) Status/Seemo	
Single/Ga ke mo nyalong <input type="checkbox"/>	Married/ Ke mo nyalong <input type="checkbox"/>
Divorced/Ke ne ke le mo nyalong <input type="checkbox"/>	Widowed/Moswelwa <input type="checkbox"/>
Separated/Kgaoganye <input type="checkbox"/>	Minor/Ngwana <input type="checkbox"/>
f) Residential Address/Aterese ya bonno:	
g) Postal Address/Aterese ya poso	
h) Telephone/ Mogala: _____ (H) _____ (W) _____ (Cell)	

SECTION 3: DETAILS OF CLAIM (for information only)

DINTLHA TSA DIKATSO

Below is a list benefits/compensation items payable by the MVA Fund upon proof:

Tse di latelang ke mefuta ya dikatso tse MVA Fund e di duelang fa go na le bosupi:

(i) Past loss of Income:

Dituelo tsa go tlhoka go iperekela go tloga ka nako ya kotsi:

Attach copies of most recent pay slip.

Pampiri e e supang madi a dikamogelo e a tlhokega.

(ii) Future loss of Income:

Dituelo tsa go tlhoka go iperekela mo isagong:

- **Attatch copies of most recent pay slip**

Pampiri e e supang madi a dikamogelo e a tlhokega.

(iii) Past Medical Expenses:

Dituelo tsa bongaka tse di fetileng:

Attach copies of receipts for medical expenses you incurred for treatment of injuries suffered in the accident by the injured or deceased.

Re kopa diresiti tsa madi a a duetsweng a bongaka jwa mogobadi kana moswi.

(iv) Future Medical Expenses:

Dituelo tsa bongaka tsa isago:

(v) Loss of Support:

Dituelo tsa ditlameloa tsa botshelo:

If deceased was self employed attach copy of bank statement of balance over period of one year before death.

Fa moswi a ne a ipereka, re kopa dipampiri tsa peo madi tsa banka tsa ngwaga pele ga loso.

If deceased was employed, attach copies of most recent pay slip.

Fa moswi a ne a firilwe, re kopa pampiri e e supang dituelo tsa kgwedi pele ga loso.

List names of dependents and relation to the injured or deceased, i.e. child, spouse, parent.

Maina a botlhe ba ba neng ba tlamelwa ke moswi - sekai, bana, mosadi, batsadi.

Birth certificates of all minor dependants (certified copies).

Meriti ya ditlankana tsa matsalo (tse di rurifaditsweng).

Marriage Certificate or letter from Chief or parents to certify that you are married under customary law (certified copy).

Moriti wa setlankana sa lonyalo kana mokwalo wa Bogosi o o rurifatsang
nyalo ya setso

If married attach payslip of the surviving spouse.

Fa o nyetse kana o nyetswe, re kopa bosupi jwa dituelo tsa kgwedi tsa gago.

I certify that the information set out in this claim form is true to the best of my knowledge and belief.

I understand that deliberately giving false information may result in loss of my right to compensation.

Ke ikana gore mokwalo o ke o kwadileng fa godimo fa, ke nnete.

Ke tlhaloganya gore fa ke ka tswa ke kwadile se eseng nnete, ikopelo yame e ka tshololwa.

Signed this at

.....

Signature of claimant/legal guardian

Monwana wa moikopedi/Moemediwa gagwe

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Witness

Mosupi.

.....

Legal Representatives

Babueledi

.....

Witness

Mosupi.