

MOTOR VEHICLE INSURANCE FUND REGULATIONS, 1986

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SCHEDULE

IN EXERCISE of the powers conferred on the Minister of Finance and Development Planning by section 21 of the Motor Vehicle Insurance Fund Act, the following Regulations are hereby made: —

1. These Regulations may be cited as the Motor Vehicle Insurance Fund Regulations, 1986. Citation
2. Every vehicle registered in Botswana and every vehicle not registered in Botswana using an insurance token shall display a valid motor vehicle licence or a valid insurance token, as the case may be, at all times when such vehicle is being driven in any place in Botswana. This regulation shall not apply to vehicles registered and insured in a prescribed territory. Display of Licence or token
3. The motor vehicle licence or token shall be attached to the inside of the front windscreen of the motor vehicle to which it relates in such a manner that the whole of the text of the token is at all times conveniently and clearly visible from outside such motor vehicle from its left hand side, and shall remain so attached until such time as the said motor vehicle becomes permanently unfit for use as a motor vehicle. Mode of display
4. The Motor Vehicle Insurance Fund shall on request and on payment of the prescribed fee replace any existing, lost or damaged token. Replacement of lost/damaged token
5. Compensation shall be payable, exclusive of any liability on the part of the MVI Fund, for loss or damage as contemplated in section 10 of the Act which arises out of the driving at any place in Botswana of a motor vehicle registered in
(a) the Republic of South Africa and insured under the provisions of any law relating to compulsory insurance of motor vehicles in force in that territory, by the Motor Vehicle Accident Fund, which is authorised under such legal provisions to issue tokens of identification: Provided that such tokens of identification shall be Motor vehicles registered outside Botswana

issued subject to an undertaking by the Fund to pay compensation in respect of loss or damage caused by such motor vehicle to any person whomsoever in the circumstances and subject to the conditions prescribed by the Act; or

- (b) Lesotho and insured under the provisions of any law relating to the compulsory insurance of motor vehicles in force in that territory, by an insurance company authorised under such legal provisions to issue declarations of insurance: Provided that such declarations of insurance shall be issued subject to an undertaking by such insurance company to pay compensation in respect of loss or damage caused by such motor vehicle to any person whomsoever in the circumstances and subject to the conditions prescribed by the Act; or
- (c) Swaziland and insured under the provisions of any law relating to compulsory motor vehicle insurance in force in that territory, by the Swaziland Royal Insurance Corporation, which is authorised under such legal provisions to issue declarations of insurance: Provided that such declaration of insurance shall be issued subject to an undertaking by the said Corporation to pay compensation in respect of loss or damage caused by such motor vehicle to any person whomsoever in the circumstances and subject to the conditions prescribed by the Act.

Liability
for damage
caused by
vehicle
carrying
token

6. (1) The MVI Fund shall be liable for handling claims for compensation under section 10 of the Act which arise out of the driving of a motor vehicle to which a token of identification referred to in section 8 or 9 of the Act is attached and which was issued by the MVI Fund in respect of that vehicle.

(2) The MVI Fund shall not be obliged to compensate —

- (a) any person in terms of section 10 of the Act for any loss or damage suffered as a result of bodily injury to any person who —
 - (i) unreasonably refuses or fails to subject himself, at the request of the MVI Fund and at the cost of the Fund, to any medical examination or examinations by medical practitioners designated by the MVI Fund.
 - (ii) refuses or fails to furnish the MVI Fund, at its request and cost, with copies of all medical reports in his possession that relate to the relevant claim for compensation; or
 - (iii) refuses or fails to allow the MVI Fund, at its request, to inspect all records relating to himself that are in the possession of any hospital or his medical practitioner; or
- (b) any person in terms of section 10 of the Act for any loss or damage if the claimant concerned refuses or fails —
 - (i) to submit to the MVI Fund together with his claim form or within 14 days after being in a position to do so, an affidavit in which particulars of the occurrence that gave rise to the claim concerned are fully set out;
 - (ii) to furnish the MVI Fund with copies of all statements and documents relating to the occurrence that gave rise to the

- claim concerned within 14 days after having come into possession thereof; or
- (iii) to furnish in writing such further particulars of the said occurrence as the MVI Fund may require.

7. (1) The liability of the MVI Fund in terms of the Act in respect of claims for bodily injury or death arising from the driving of a motor vehicle of which neither the owner's nor the driver's identity can be established, hereinafter referred to as the unidentified motor vehicle, shall be subject to the following conditions —

Liability
for damage
caused by
unidentified
vehicle

- (a) The MVI Fund shall not incur any liability unless —
- (i) the said bodily injury or death arose from the negligent or unlawful driving of the unidentified motor vehicle and proof thereof to the satisfaction of the MVI Fund is produced;
 - (ii) evidence to the satisfaction of the MVI Fund is produced that the claimant took all reasonable steps to identify the owner or driver of the unidentified motor vehicle;
 - (iii) the claimant's inability to obtain judgment in terms of section 10 of the Act is not due to any act or omission on his part; and
 - (vi) the unidentified motor vehicle (including anything on, in or attached to it) came into physical contact with the injured or deceased person or with any other person, vehicle, conveyance or any other object or objects which directly or indirectly caused or contributed to the injury or death.
- (b) The liability of the MVI Fund shall in no case exceed the amount for which the MVI Fund would have been liable had the motor vehicle been identified.
- (c) The MVI Fund shall not by virtue of this regulation be obliged to make any payment to any department of the Government of Botswana.
- (d) The MVI Fund shall not be liable for any money paid or payable to any medical practitioner for medical services rendered by him where such services rendered by the medical practitioner acting in the course and within the scope of his service with the Government.
- (e) The provisions of section 10(5) and 11 of the Act and of regulation 6(2) shall *mutatis mutandis* apply to the liability of the MVI Fund in terms of this regulation.

(2) The liability of the MVI Fund in respect of claims which arise in terms of this regulation shall be subject to the following further conditions —

- (a) (i) A claim for compensation for loss or damage suffered by the claimant shall be delivered to the MVI Fund within two years from the date of the occurrence which gave rise to the said bodily injury or death, *mutatis mutandis* in accordance with the provisions of section 16(1) of the Act.
- (ii) The provisions of subparagraph (i) shall also apply to all third parties and claimants, irrespective of whether they are subject to any legal disability.

- (b) The MVI Fund shall, within 90 days of receipt of the claim referred to in paragraph (a), notify the claimant in writing whether it accepts or rejects liability for the claim, or whether it consents to be sued in the matter. If the MVI Fund rejects liability for the claim or fails to notify the claimant of its decision within 90 days the claimant shall be entitled to sue the MVI Fund.
- (c) (i) The MVI Fund shall not incur any liability unless the summons arising from the provisions of paragraph (b) above has been properly served on the MVI Fund within two years and 90 days from the date of the occurrence which gave rise to the aforesaid bodily injury or death.
- (ii) The provisions of subparagraph (i) shall also be applicable to all third parties and claimants, irrespective of whether they are subject to any legal disability.
- (3) In any action in terms of this regulation, the issues before the court shall, subject to the provisions of this regulation, *mutatis mutandis* be the same as they would have been if the motor vehicle had been identified.
- (4) If so required by the MVI Fund and provided it grants the claimant full indemnity as regards costs, the claimant suing the MVI Fund in terms of this regulation shall sue in the same action all such other persons as the MVI Fund may require him to sue.
- (5) The MVI Fund shall at any time after having received a claim in terms of subregulation (2) (a) be entitled to require any person who has suffered bodily injury giving rise to the claimant's claim —
- (a) to submit, at the expense of the MVI Fund, to a medical examination or examinations by medical practitioners appointed by the MVI Fund;
- (b) to submit, at the request of the MVI Fund or any of its representatives or any person so instructed by the MVI Fund, to interrogation by such parties at a place indicated by the MVI Fund and, at the request of the MVI Fund or such representative or such other person, to make a sworn statement setting out in full the circumstances of the alleged occurrence on which his claim is based;
- (c) to supply the MVI Fund in writing with such further particulars as it may require in respect of the occurrence or accident, and of how it occurred;
- (d) to supply the MVI Fund with copies of all medical reports, X-ray photographs or other reports and accounts which have a bearing on the claim and which are in his possession or in the possession of his agents; and
- (e) to give the MVI Fund written authorisation for an inspection by or on behalf of the MVI Fund of all records concerning himself which are in the possession of any hospital or any of his medical practitioners.
- (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 MVI Fund shall be entitled to the session 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.

(7) If any dispute should arise regarding any matter relating to the provisions of this regulation, such dispute shall be referred to the Minister, whose decision shall be final.

(8) Neither the Minister nor the MVI Fund shall be obliged to give reasons for any decision taken in terms of subregulation (7) of this regulation.

8. (1) (a) The claim form and medical report provided for in section 16(1) of the Act shall be combined in the Form A as set out in the Schedule hereto, which shall be completed in all its particulars. A clear reply shall be given to each question and if a question is not applicable the words "not applicable" shall be inserted. A form on which ticks, dashes, deletions and alterations have been made that are not confirmed by a signature shall not be regarded as properly completed. Precise details shall be given in respect of each item under the heading "Compensation claimed" and shall, where applicable be accompanied by supporting vouchers.

Claim form
and medical
report

(a) (i) The medical report on Form A shall be completed by the medical practitioner who treated the deceased or injured person for the bodily injuries that he sustained in the occurrence from which the claim arises or by the superintendent (or his representative) of the hospital where the deceased or injured person was treated for such bodily injuries: Provided that if the medical practitioner or the superintendent (or his representative) concerned fails to complete the medical report on request within a reasonable time and it appears that as a result of the passage of time the claim in question may become prescribed, the medical report may be completed by another medical practitioner who has fully satisfied himself regarding the cause of the death or the nature and treatment of the bodily injuries in respect of which the claim is made.

(ii) Where a person is killed outright in a motor accident the completion of the said medical report shall not be a requirement, but in such an event the Form A shall be accompanied by a copy of the inquest report or, in the case of a prosecution of the person who caused the deceased's death, a copy of the relevant charge sheet in which it is clearly indicated that such person's death resulted from the accident to which the claim relates.

(2) A claim by a supplier for the payment of incidental expenses in terms of section 10 of the Act shall be in the Form B, as set out in the Schedule hereto, and the provisions of subregulation (1) (a) shall *mutatis mutandis* apply in connection with the completion of this form.

(3) Any person form provided for in this regulation and not completed as prescribed shall not be acceptable as a claim under the Act.

9. When as a result of the driving of a motor vehicle any person other than the driver of such motor vehicle has been injured or killed the

Owner or
driver
to give
information

owner, and the driver if he is not the owner, shall complete the Form E, as set out in the Schedule hereto, and forward the form to the MVI Fund or its appointed agent in terms of section 10 of the Act, within 14 days from the date of the occurrence.

10. (1) The MVI Fund's right of recourse against the owner of a motor vehicle under section 17 of the Act shall only be applicable —

(a) in any case where the motor vehicle was being driven at the time of the occurrence which gave rise to the payment of the compensation by a person other than the owner and —

(i) the said person was under the influence of intoxicating liquor or of drug to such a degree that his condition was the sole cause of such occurrence and the owner allowed him to drive the motor vehicle knowing that he was under the influence of intoxicating liquor or of a drug; or

(ii) the said person was driving the motor vehicle without holding a licence issued under any law relating to the licensing of drivers of motor vehicles, which he was required to hold, or the said person, being the holder of a learner's or other restricted licence issued under such law failed, while he was driving the motor vehicle, to comply with requirements or conditions of such learner's or restricted licence, and the owner allowed him to drive the motor vehicle knowing that he did not hold such a licence or that he had failed to comply with the requirements or conditions of such learner's or restricted licence, as the case may be; or

(b) in any case where, at the time of such occurrence, the motor vehicle was being driven by the owner and —

(i) he was under the influence of intoxicating liquor or of a drug to such a degree that his condition was the sole cause of such occurrence; or

(ii) he was driving the motor vehicle without holding a licence issued under any law relating to the licensing of drivers of motor vehicles or being the holder of a learner's or other restricted licence issued under such law, failed, while he was driving the motor vehicle, to comply with the requirements or conditions of such learner's or restricted licence; or

(iii) he failed to comply with any requirement of section 14(1) of the Act with reference to the said occurrence (the onus of proving that the MVI Fund or the appointed agent, as the case may be, could not reasonably within 14 days after the occurrence have been informed of the occurrence and of the place and time thereof, shall be on the owner concerned) or knowingly furnished the MVI Fund or the appointed agent with false information relating to such occurrence.

(2) The provisions of subregulation (1)(b)(i), (ii) and (iii) shall apply *mutatis mutandis* in respect of any right of recourse by the MVI Fund against any person who, at the time of the occurrence which gave rise to the payment of the compensation, was driving the motor vehicle in question with or without the consent of its owner.

- | | |
|--|---|
| 11. An application for an insurance token referred to in sections 8, or 9 shall be as set out in Form C. of the Schedule hereto. | Form of application for token |
| 12. The token of identification referred to in sections 8 and 9 shall be as set out in Form D of the Schedule hereto. | Form of token |
| 13. The fee payable for the replacement of a lost, damaged or otherwise indecipherable insurance token shall be P5. | Fee for replacement of token |
| 14. Any vehicle exempted by the Minister shall nevertheless carry a token of exemption in Form F, displayed in the manner referred to in regulations 2 and 3. | Exempted vehicles to carry exemption token |

SCHEDULE

FORM A

CLAIM FOR LOSS OR DAMAGE AND MEDICAL REPORT

(Claim in terms of section 10 of the Motor Vehicle Insurance Fund Act, 1986 and Regulations 6 and 7)

Notes:

- (i) A separate form must be completed and lodged in respect of each person or deceased person for whose injury or death compensation 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 8 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 MOTOR VEHICLE FUND 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 4 as well as paragraph 5 (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.

1. CLAIMANT:

- (a) (i) FULL NAME AND RESIDENTIAL ADDRESS OF CLAIMANT
-
- (ii) Citizenship (iii) Identity/Passport number
- (iv) Tel No. Home.....Work
- (b) If the claimant is claiming compensation on behalf of a person(s) other than himself/herself, state —
 - (i) Capacity in which claimant is acting
 - (ii) Name and address of person(s) on whose behalf compensation is being claimed
 - (iii) Identity/Passport number of such person(s)
 - (iv) Relationship of claimant to such person
 - (In the event of claimant claiming for loss of support or on behalf of another person, photocopies of relevant marriage and/or birth certificates, as the case may be, should accompany this form)

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

- (a) Registration letters and number(i) Make
- (ii) Type of body
- (b) Licence/Token No. and date issued
- (c) Name and address of owner
-
- (d) Name and address of driver at time of accident
-

(e) IF THE CLAIM IS MADE IN TERMS OF REGULATION 10:

- (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.

3. PARTICULARS OF ACCIDENT IN WHICH THE VEHICLE DESCRIBED IN PARAGRAPH 2 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 eye witnesses (if any) (must be furnished on a separate statement attached to this form). Also attach copies of the Police report and plan, if available.

4. PARTICULARS OF ANY OTHER VEHICLES INVOLVED IN ACCIDENT (if known):

	(i)	(ii)
(a) Registration letters and numbers
(b) (i) Name of owner (if known)
(ii) Address (if known)
(iii) Occupation (if known)
(c) (i) Name of driver at time of accident
(ii) Address (If known)

.....
(If more than two vehicles are involved the particulars should be set out on a separate statement attached to this form.)

5. PARTICULARS OF PERSON IN RESPECT OF WHOSE BODILY INJURY OR DEATH COMPENSATION IS CLAIMED:

- (a) Full name and address
- (b) Identity/Passport No.
- (c) Sex (d) Date of birth (e) Race
- (f) Marital status at date of accident:
never married married divorced widowed legally seperated
- (g) If married:
in community of property out of community of property by customary union
- (h) Business or occupation

(i) At the time of the accident was he/she travelling in one vehicle described in either paragraph 2 or paragraph 4? YES NO

(j) If YES, state: (i) Registration letters and number of vehicle and (ii) whether as a passenger or driver.

(k) If he/she was not travelling as a passenger or driver in one of the vehicles described in either paragraph 2 or 4, (i) what was his/her mode of conveyance? or (ii) was he/she a pedestrian YES NO

(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 purpose:
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 —

P

(i) from employment

(ii) from any other source (give details)

TOTAL P

6. IF THE PERSON MENTIONED IN PARAGRAPH 5 WAS FATALLY INJURED THE FOLLOWING INFORMATION IS REQUIRED IN RESPECT OF SUCH PERSON:

(a) Place where death occurred

(b) Date of death

(c) Is it known whether an inquest was held YES NO.

(d) If known, state in what court date

and reference number (attach a copy of report on the post mortem examination, if available)

(e) Name and address of the executor of the deceased's estate

7. IF THE PERSON MENTIONED IN PARAGRAPH 5 WAS FATALLY INJURED AND COMPENSATION IS CLAIMED BY OR ON BEHALF OF DEPENDANTS OF THAT PERSON THE FOLLOWING INFORMATION IS REQUIRED IN RESPECT OF EACH SUCH DEPENDANT: (if compensation is claimed by or on behalf of more than one dependant the information required by this paragraph in respect of each dependant should be set out on a separate statement, which should be attached to this form.)

(a) Full name and address

(b) Identity/Passport No

(c) Sex (d) Date of birth (e) Race

(f) Relationship to deceased person (Attached a photocopy of relevant marriage and/or birth certificates, as the case may be)

(g) Marital status at date of accident: never married married divorced widowed legally separated

(h) If married: in community of property out of community of property by customary union

(i) Business or occupation

(j) Is he/she suffering from any physical defect or infirmity

YES NO.

(k) If YES, give full particulars

.....

(l) Name and address of employer at date of accident and how long employed by such employer (if more than one employer, state names and addresses of all)

.....

(m) State his/her income for the 12 months immediately preceding the accident —

P

(i) from employment

(ii) from any other source (give details)

.....

(n) Details and amount of any inheritance or any other benefits received from the estate of the deceased or accruing from any other source as a result of the death of the person referred to in paragraph 5 other than

insurance and/or pension moneys

.....

.....

.....

8. COMPENSATION CLAIMED

Precise details must be in respect of the following items and must be supported by vouchers, where applicable. (If necessary, the information required by this section may be set out on a separate statement duly signed and attached to this form.) (See also Note (ii) at top of form.)

	ITEM	AMOUNT
(i) Hospital expenses provisional expenses
(ii) Hospital expenses (other hospital)
(iii) Medical expenses
(iv) Estimated future medical expenses
(v) Loss of earnings (from date of accident to date hereof)
(vi) Estimated future loss of earnings
(vii) Estimated loss of support
(viii) General damages (pain and suffering, permanent disability, etc)
	TOTAL .....	.....

5. (a) Give full details of the nature of the injuries and any complications (e.g. fractured ribs with haemothorax, compound fracture left tibia, disfigurement, etc)

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

(b) State treatment given to date

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

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? NO.

(b) 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

(iv) Estimated cost thereof (if possible) P

(c) Is hospitalisation foreseen in connection with the future treatment referred to in (a) above?

YES NO.

(d) If YES, state:

(i) Expected date of such hospitalisation

.....

(ii) Expected duration thereof

9. Have the injuries aggravated any pre-existing pathological condition? YES NO.

10. Has any such pre-existing pathological condition aggravated the effects of trauma YES NO.

11. If the answer to either 9 or 10 above is YES, give full details

12. Has the person been confined to a hospital/nursing home YES NO.
If YES, state:

(a) Name and address of hospital/nursing home

(b) Hospital reference number (if known)

(c) Date when discharged or when discharge is expected

13. If in employment at date of accident, state date when return to employment is expected

14. In the case of a fatality, state:

(a) Date of death(b)

(c) Did any pre-existing pathological condition contribute to death? YES NO

(d) If YES, give full details

Name of medical practitioner Qualifications

Signature Date

Address

CLAIM FOR MEDICAL SERVICES

Section 10 (6) of The Motor Vehicle Insurance Fund Act, 1986

Notes:

- (i) A separate form must be completed and lodged with the Motor Vehicle Insurance Fund or its appointed agent, as the case may be, in respect of each third party to whom goods have been supplied or services rendered.
- (ii) Section 10 (6) read with section 16 of the Act provides, inter alia, that a claim under section 10 (6) shall contain the particulars set out in a form prescribed by regulation. In view of this provision of the Act this form must be completed in all its particulars. A clear reply must be given to each question, and if a question is not applicable to the claim "not applicable" must be inserted. A form that contains ticks, dashes, deletions and alterations which are not confirmed by a signature will not be regarded as being completed.
- (iii) The said sections further provide that such claim shall be sent by registered post or delivered by hand to the Motor Vehicle Insurance Fund or its appointed agent.
- (iv) Where blocks are provided for the purpose of replying to a question, place a cross in the appropriate block.

1. Claimant: (medical or dental practitioner/nurse/supplier/ pharmacist/hospital/nursing home)

- (a) Full name
- (b) Registered qualifications (if applicable)
- (c) Address

2. Third party (to whom service has been rendered or is being rendered)

- (a) Full name
- (b) Registration letters/No. of motor vehicle which caused his/her injuries
- (c) Injuries sustained: (i) Date
- (ii) Time (iii) Place
- (d) Nature of injuries
- (e) Names of hospitals/institutions in which he/she was treated or is being treated
- (f) Classification for hospital purposes:
Private patient Hospital patient
- (g) Hospital reference number

3. Claim for treatment/services rendered/goods supplied:

(a) Dates/duration of treatment/services rendered/goods supplied:

From to

(b) Nature/details of treatment/services rendered/goods supplied

.....	P
Total	P

4. Claim for treatment in hospital(s) nursing home(s):

(a) Period of treatment —

from.....to.....

(b) Number of days at P per day P.....

(c) Out-patient treatment

Number at P each..... P.....

(d) Operating theatre fee..... P.....

(e) Other(specify)..... P.....

..... P.....

..... P.....

..... P.....

Total P.....

.....

Signature

.....

Date

APPLICATION FOR A TOKEN(S) OR IDENTIFICATION
(Motor Vehicle Insurance Act, 1986)

Application for a token(s) of identification in terms of section 8 or 9 of the above-mentioned Act in respect of the motor vehicles(s) described below:

1. Name of owner
- Address

2. Particulars of motor vehicles(s):

Make and type of body	Registration/ Trade plate letters and number	Token number
.....
.....
.....

TOKEN OF IDENTIFICATION

Token number

Issued by

Registration/Trade plate letters and number

Form D shall be overprinted in blue ink with the words "Botswana MVI Fund" and shall provide for the particulars stated above and shall be printed in non-fading ink within a circle of 70 millimetres in diameter on a card of suitable thickness.

MOTOR VEHICLE INSURANCE REPORT FORM
(Notice of accident in terms of section 14 of
the Motor Vehicle Insurance Act, 1986)

Notes:

- (i) If a motor vehicle accident in which a person is injured or killed is not reported to the Motor Vehicle Insurance Fund or its appointed agent within 14 days, penalty of P200 may be imposed or the compensation paid to the third party may be recovered from the owner or driver (sections 14 and 17 of the Act).
- (ii) Where blocks are provided for the purpose of replying to a question place a cross in the appropriate block.

The Manager,
Address

Date of accident

Licence/Token No. and date of issue

1. Motor vehicle:

(a) Registration letters/No. Type of body

(b) Propulsion: Petrol Diesel Gas

Propulsion: Electricity Other None

(c) Classification: Goods vehicle the gross mass of which exceeds 3 500 kg Passenger bus for conveyance of more than 12 persons Agriculture implement, self propelled

Other

2. Owner:

Name Occupation

Postal address

Telephone No: Business Home

3. Driver:

Name Occupation

Postal address

Telephone No: Business Home

Driver's Licence Date issued

Endorsements (if any)

Physical/Mental defects(if any)

4. Other vehicle(s) involved in accident concerned:

(i) (ii) (iii)

(a) Registration No.

(b) Name of owner

- (c) Address of owner
- (d) Name of driver
- (e) Address of driver

5. Witness(es) involved in accident concerned:

- | | | | |
|-------------------|-------|-------|-------|
| | (i) | (ii) | (iii) |
| (a) Name ..... | ..... | ..... | ..... |
| (b) Address ..... | ..... | ..... | ..... |

6. Person(s) injured or killed:

- | | | | |
|-------------------|-------|-------|-------|
| | (i) | (ii) | (iii) |
| (a) Name ..... | ..... | ..... | ..... |
| (b) Address ..... | ..... | ..... | ..... |

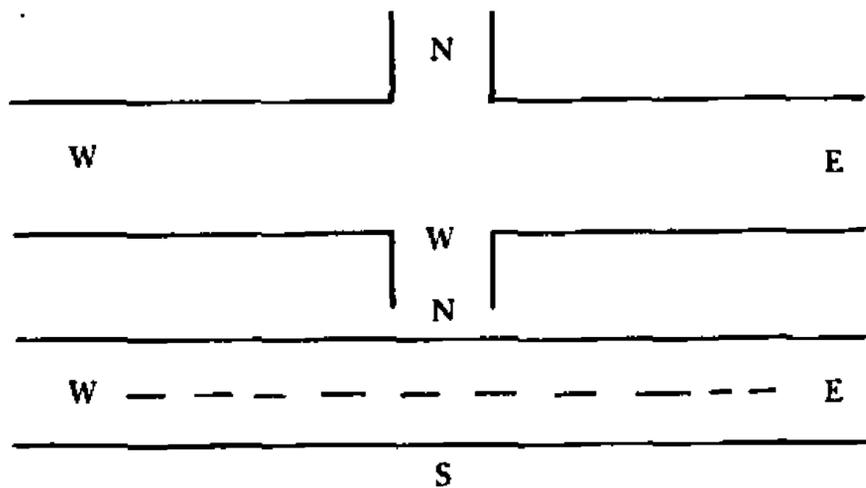
7. Accident:

- (a) Date (b) Time
- (c) Place
- (d) Police station at which reported
- (e) Police reference number

8. Conditions during accident:

- (a) Weather conditions: Sunny Dark Cloudy Rain
- (b) Visibility: Good Reasonable Bad
- (c) Road surface: Gravel Sand Tar
- (d) Street lights: On Off
- (e) Own vehicle lights: Bright Dim None
- (f) Other vehicles' lights: Bright Dim None
- (g) Speed at time of accident

9. Sketch plan of accident:
(Furnish approximate distances)



10. Detailed description of accident:

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.....

I declare that to the best of my knowledge the information contained in this form is true correct.

Date.....

.....
Signature of driver

.....
Signature of owner

FORM 'F'

TOKEN OF EXEMPTION

Token number

Registration letters and number

Name of owner

Address

.....

Date issued.....

Form F shall be overprinted in blue ink with the words "Botswana MVI Fund" shall provide for the particulars stated above and shall be printed in non-fading ink within a rectangle of 50 millimetres by 100 millimetres on a card of suitable thickness.

MADE this 31st day of December, 1986.

P.S. MMUSI,
*Vice-President and Minister of
Finance and Development Planning.*