

1 PARTICULARS OF THIRD PARTY

Surname

First names

Date of Birth ID number

Other Identification Specify

Residential address

Postal address

Home Telephone WorkTelephone

Cell

E-mail

2 AMOUNTS RECOVERED AND RECEIVED BY THIRD PARTY

a. Indicate the amount recovered from the driver/owner/employer of the driver of the motor vehicle involved in the accident:

R

b. Indicate the amount received as an interim payment in terms of section 17(6) of the old Act:

R

c. Indicate the amount paid to suppliers in terms of section 17(5) of the old Act:

R

d. Indicate the amount received in terms of the Compensation for Occupational Injuries and Diseases Act, 1993; the Defence Act, 2002 or any other Act of Parliament governing the South African National Defence Force:

R

6 DECLARATION

I, the third party with the details reflected in paragraph 1 above hereby declare under oath / affirm that the information furnished in this form and any annexure to this form is to the best of my belief true and correct.

Signature of deponent

Date of signature

CERTIFICATION:

I hereby 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 as indicated below:

- | | | |
|--|----------------------------------|---------------------------------|
| 1. Do you know and understand the contents of the above declaration? | <input type="text" value="YES"/> | <input type="text" value="NO"/> |
| 2. Do you have any objection to taking the prescribed oath? | <input type="text" value="YES"/> | <input type="text" value="NO"/> |
| 3. Do you consider the prescribed oath to be binding on your conscience? | <input type="text" value="YES"/> | <input type="text" value="NO"/> |

I hereby certify that the desponent has acknowledged that he / she knows and understands the contents of this declaration which was sworn to / affirmed before me and the deponent's signature was placed thereon in my presence.

Signature of Justice of the Peace /
Commissioner of Oaths

Surname

First Names

Designation

Area for which appointed

Business address

Place of signature

Date of signature