Road Accident Fund

CLAIM NO.

ATTORNEY

PRESCRIPTION:

(a) Date of prescription
Prescription extended to (I)
(ii) (iii) (iv) (v)

1. CLAIMANT:

2. CLAIM:
(a) Date of accident

3. SUMMONS:
Date of service

4. COMPENSATION:
(a) Amount claimed R

(b) Amount estimated (I) R (ii) (iii)

(c) Payments	AMOUNT	DATE	ITEM	FOLIO NO
(i)	R		R	
(ii)	R		R	
(iii)	R		R	
(iv)	R		R	
(v)	R		R	
TOTAL	R		R	

5. FINALISED:
Date finalised

6. DESTROY:
Date on which file can be destroyed

CIRCULATION

For instructions as to use Secretariat Circular No. 1/1964

Serial No.	Date		Initials and date	File or pend

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(iii)	R----------	----------	---------- R----------	----------
(iv)	R----------	----------	---------- R----------	----------
(v)	R----------	----------	---------- R----------	----------
TOTAL	R----------	----------	---------- R----------	----------

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