

EMPLOYEES COMPENSATION ACT, 1941 MOTOR VEHICLE ACCIDENT QUESTIONNAIRE

Employee: Date of Accident:

Employer:

(Must be completed by the Employer)

1. Describe in detail how and where (street names etc.) did the accident occur.
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2. Who was the registered owner of the vehicle?
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3. What was the purpose of the journey?
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4. From where to where did the vehicle travel at the time of the accident and was the vehicle travelling on a direct route?
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5. Was the means of transport specially provided by the employer for the purpose of such conveyance as described above?
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6. Describe the control exercised by you (employer) over the vehicle.
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7. Was transport supplied free of charge to the employee?
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8. Furnish the registration number(s) and if at all feasible the third party particulars of the vehicle(s) involved in the accident.
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9. Furnish the name of the Namibian Police Station to which the accident was reported and the reference number.
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Signature of Employer