



Republic of Namibia  
Annotated Statutes

**REGULATIONS**

---

REGULATIONS MADE IN TERMS OF

**Motor Vehicle Accident Fund Act 10 of 2007**  
section 35

---

**Motor Vehicle Accident Fund Regulations**

Government Notice 104 of 2008

(GG 4040)

came into force on date of publication: 2 May 2008

The Government Notice which publishes these regulations notes that they were made on the recommendation of the Board of the Motor Vehicle Accident Fund. This Government Notice also repeals GN 208/2001 (GG 2627) and GN 5/2003 (GG 2893). These previous regulations were issued in terms of the Motor Vehicle Accidents Fund Act 4 of 2001. There was no savings clause in the Motor Vehicle Accident Fund Act 10 of 2007 giving them continued applicability.

---

ARRANGEMENT OF REGULATIONS

1. Definitions
  2. Procedure for making claims
  3. Claim by service provider
  4. Delivery of documents
  5. Notice by driver or owner
  6. Determination to ward benefits
  7. Injury Grant
  8. Medical costs
  9. Reports
    - Annexure A: Forms
    - Annexure B: Compensation for Injury Guide
-

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

---

**Definitions**

1. In these regulations a word or expression defined in the Act has that meaning, and unless the context otherwise indicates -

“authorised agent” means a person who has been duly authorized by the Fund in terms of an agency agreement to provide services on behalf of the Fund;

“the Act” means the Motor Vehicle Accident Fund Act, 2007 (Act No. 10 of 2007).

**Procedure for making claims**

2. (1) A person who wants to claim benefits under section 28 of the Act must complete form MVAF 1 and submit it to the Fund in accordance with that section.

(2) A claim under subregulation (1) must be accompanied by the documents and information stipulated in the claim form.

(3) Where the claimant, on account of injury or other incapacity, is unable to complete the claim form, it may be completed -

- (a) in the case of a minor, by his or her legal guardian; or
- (b) in the case of a person for whom a curator has been appointed, by the curator of such person.

(4) A claim under subregulation (1) must be accompanied by a police report on form MVAF 1, and that report must -

- (a) be completed by the police officer or the official of the Fund, who attended the scene of the motor vehicle accident; or
- (b) be completed by the investigating officer who investigated the case;
- (c) if the officials referred to in paragraph (a) and (b) fail to complete the report within a reasonable time after being requested, and it appears that the claim may become prescribed in terms of the Act, be completed by a police officer who has acquainted himself or herself with the contents of the docket.

(5) A claim under subregulation (1) must be accompanied by a medical report on form MVAF 1, and that report must -

- (a) be completed by the medical practitioner who treated the injured person or the deceased for the injuries which gave rise to the claim;
- (b) be completed by -
  - (i) the medical superintendent or a representative of the medical superintendent; or
  - (ii) a person in charge of the hospital or health facility where the injured or deceased was treated for the injuries which gave rise to the claim;

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

---

(c) be completed by a medical practitioner who has acquainted himself or herself with the cause of death or the nature of the injuries and the treatment or other medical services given to the deceased or injured person, if the medical practitioner referred to in paragraph (a) or the medical superintendent or the other person referred to in paragraph (b) fails to complete the report within a reasonable time after being requested and it appears that the claim may become prescribed in terms of the Act.

(6) Where a person in relation to whom a claim is made under the Act died prior to receiving treatment, the claimant is not obliged to produce the medical report referred to in subregulation (2), but the claim must be accompanied by -

- (a) a copy of the inquest proceedings, if an inquest was held;
- (b) a copy of the charge sheet pertaining to the motor vehicle accident, if any person was charged in respect of the accident; and
- (c) any other information which the Fund considers relevant to the cause of death.

(7) The Fund is not liable to reimburse the costs of a report commissioned by a claimant and compiled by an expert for the purposes of substantiating a claim, unless the claimant has prior approval of the Fund, in which case the Fund must reimburse the costs involved in accordance with a tariff communicated to the claimant prior to commissioning the report.

(8) On receipt of a claim made under this regulation, the Fund may -

- (a) allow the claim, and in writing inform the claimant or the person referred to in subregulation (3) of its decision;
- (b) allow part of the claim, and in writing inform the claimant or the person referred to in subregulation (3) of its decision; or
- (c) repudiate the claim, and in writing inform the claimant or the person referred to in subregulation (3) of its decision and the reasons for the decision.

#### **Claim by service provider**

**3.** A person or entity claiming payment for goods or services provided to a person entitled to benefits in terms section 24(3) of the Act, must do so by submitting a duly completed form MVAF 2 with such supporting documentation as is required in terms thereof.

#### **Delivery of documents**

**4.** (1) Whenever a document requires delivery in terms of these regulations, it must be delivered by registered mail, electronic mail or facsimile or to the recipient personally by a staff member of the Fund or authorised agent.

(2) Whenever a document, other than a claim form with the attachments thereto, requires submission to the Fund or authorised agent in terms of these regulations, it must be delivered by registered mail, electronic mail or facsimile or delivered by hand at the Head Office or branch office of the Fund or authorised agent's office.

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

---

(3) Whenever a claim form, together with the attachments thereto, requires submission to the Fund or its duly authorised agent in terms of these regulations it must be delivered by registered mail or hand delivered at the Head Office or branch office of the Fund or authorised agent's office.

**Notice of accident by driver or owner**

5. Whenever a driver or owner notifies the Fund of a motor vehicle accident in accordance with section 30 of the Act, he or she must do so by duly completing a notice of accident on form MVAF 3 and deliver it to the Fund.

**Determination to award benefits**

6. (1) Whenever the Fund makes a determination to award a benefit, it must communicate its determination by delivery of a notice to the claimant.

(2) The notice must indicate -

- (a) the section of the Act under which the benefit is awarded;
- (b) the nature of the benefit;
- (c) the amount or value of the benefit;
- (d) that the claimant has a right to make amendments to any treatment, rehabilitation of life enhancement plan awarded as a benefit subject to any increase in costs being for the claimant's account in accordance with section 25(7) of the Act; and
- (e) such other details as to fully inform the claimant of the award.

(3) Where an award is an undertaking to provide payment for future medical treatment, rehabilitation or life enhancement assistance, a written plan of the benefit must be annexed and must indicate -

- (a) the nature and extent of future medical treatment, rehabilitation programs and goods and services to be provided; and
- (b) the dates on which the claimant must be re-assessed in terms of section 25(6) of the Act.

(4) The Fund has access to all records of treatment and medical reports on the condition of a claimant under a treatment, rehabilitation or life enhancement plan.

(5) Where the Fund has a claimant reassessed in terms of section 25(6) of the Act it must communicate its determination by delivery of a notice to the claimant, which notice must contain information referred to in subregulation (3).

(6) Where the claimant is dissatisfied with the determination referred to in subregulation (5), subregulation (8) applies.

(7) Where an award is a funeral benefit in terms of section 25(1)(h) of the Act, it is paid in an amount of \$N 7 000 without requiring proof of the actual costs incurred, and the

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

---

person who may claim the benefit must be a spouse, child, parent or sibling of the deceased, or executor of the deceased estate, and such claim is made on form MVAF 4.

(8) Where a claimant responds to a notice of award by indicating that he or she is dissatisfied with the award, the Fund must deliver a Notice of Dissatisfaction, form MVAF 5, to such claimant for completion by the claimant and draw his or her attention to sections 25(8) and 32(5) and (6) of the Act.

(9) Where the Fund makes an award that is subject to the limitation set in section 27(1)(g), the Fund must implement the award until such time as the value of any other benefit receivable has been established and must then cease or reduce payment of the benefit if this is necessary to give full effect to the limitation.

### **Injury Grant**

7. (1) A cash grant as compensation for injury awarded in terms of section 25(1)(c) of the Act must be calculated in terms of the Compensation for Injury Guide in Annexure B.

(2) In determining the amounts payable in terms of the Compensation for Injury Guide in Annexure B, the Minister must be satisfied that they are fair, reasonable and just having regard to the overall circumstances of Namibians and the resources of the Fund.

(3) Where an injury, including consequence of injury, is not specifically listed in the Compensation for Injury Guide the award must be that which reasonably equates to an injury or combination of injuries as listed in the Compensation for Injury Guide in Annexure B.

### **Medical costs**

8. (1) Reimbursement and disbursement of and payment for the costs of medical treatment, rehabilitation and life enhancement assistance in terms of section 25(1)(d)(e)(f)(g) and (i) of the Act are made in accordance with the hospital and treatment tariffs as agreed between service providers and the Fund.

**[There should be commas separating the paragraph references  
in the cross-reference: "section 25(1)(d), (e), (f), (g) and (i)".]**

(2) The tariff is applicable to all procedures, whether or not the procedure is done outside the borders of Namibia, unless the procedure is not available in Namibia in which event the total cost of the procedure is paid by the Fund subject to the limitation set out in section 24(4)(a) of the Act.

### **Reports**

9. For purposes of keeping proper records of the Fund, the Chief Executive Officer of the Fund must complete or cause to be completed a report that includes -

- (a) the type of injuries sustained in motor vehicle accidents;
- (b) the number of injured persons treated;
- (c) the average cost of treating each type of injury;
- (d) recovery periods for each type of injury;

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

---

- (e) the number of rehabilitated and unrehabilitated persons resulting from motor vehicle accidents;
- (f) the number of permanently disabled patients resulting from motor vehicle accidents;
- (g) the geographical, age, sex and time of day distribution of motor vehicle accidents; and
- (h) the causes of motor vehicle accidents.

**ANNEXURE A**

**FORMS**

<b>Form</b>	<b>Title</b>	<b>Section</b>	<b>Regulation</b>
MVAF 1	Claim for Benefits	24 and 25	2
MVAF 2	Claim by Service Provider	24(3)	3
MVAF 3	Notice of Accident	30	5
MVAF 4	Claim for Funeral Grant	25	6
MVAF 5	Notice of Dissatisfaction	32(6)	6

---

**FORMS**

**To view content without printing, scroll down.**

**To print at full scale (A4), double-click the icon below.**



GN 104/2008 -  
Forms MVAF 1-5

---

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**



**MVA Fund**

The Motor Vehicle Accident Fund of Namibia

*Motor Vehicle Accident Fund Act (Act No. 10 of 2007), Section 28 Regulation 2*

Claim Form MVAF 1

**CLAIM FOR BENEFITS**

**Notes:**

- a) Read the heading of each section and fill in if required. Section 9 must be signed before a Commissioner of Oaths.
- b) Any MVA Fund or Nampost official can assist you to fill in this form.
- c) Note that it is a criminal offence to state false information or withhold information required if such information is within the knowledge of the person filling in this form.
- d) A parent, guardian or curator should fill in the form for a child.

SECTION 1 Personal details of the Claimant	
a)	Surname
b)	First Names
c)	Identification Number
d)	Place tick <input type="checkbox"/> Male <input type="checkbox"/> Female
e)	Date of birth
f)	Place of birth
g)	Nationality
h)	Status (Place tick <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
i)	Residential address
j)	Postal address
k)	Phone Numbers W <input type="text"/> H <input type="text"/> Cell <input type="text"/>
<b>l) If the claimant is claiming on behalf of another person, he/she should state:</b>	
(i)	Relationship of claimant to such person:
(ii)	Name and address of person on whose behalf compensation is being claimed:
(iii)	Identity / Passport No. of such person:
Please attach a certified copy of I.D. or passport. In the event of a claim for loss of support or on behalf of another person, photocopies of relevant marriage and / or full birth certificate, as the case may be, should accompany this form.	
Kindly provide details of two contact persons	
m)	Name
	Contact details
n)	Name
	Contact details

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

SECTION 2 Details of Claim							
Place a tick <input type="checkbox"/> for the benefits being claimed					<input type="checkbox"/>	Estimated loss (N\$)	
a)	Costs of past medical treatment						
b)	Costs of future medical treatment						
c)	Reimbursement of past income lost						
d)	Reimbursement of future income to be lost						
e)	Financial support lost as a result of death of person (only for dependents)						
f)	Reimbursement of funeral grant						
g)	Injury grant						
SECTION 3 Details of the Deceased							
<b>Fill in only if claim is for financial loss of support; reimbursement of funeral expenses and/or costs of past medical treatment for deceased</b>							
Details of the Deceased only							
a)	Surname						
b)	First names						
c)	Identification number						
d)	Date of injury			e)	Date of death		
f)	Name of clinic/hospital where first treated						
g)	Name of doctor who first treated deceased						
h)	Was deceased ill prior to death?		YES	NO	What illness?		
i)	Place of death						
j)	What was the relationship of the deceased to the claimant? Place a tick <input type="checkbox"/>	Spouse	Father	Mother	Son	Daughter	
		If "other" please specify -					
k)	(i) Employed or self employed? Place a tick <input type="checkbox"/>		Employed	Self-employed			
	(ii) Trade or occupation. State sector, if self-employed						
l)	Name of employer						
	(i) Address of employer						
	(ii) Phone number of employer						
	(iii) Earnings of deceased per month						
	(iv) State address from where the deceased operated						
	(v) Earnings per month						
m)	Was deceased on duty at time of accident?						
n)	State names of all the deceased dependents, including claimant	Name(s) of dependent(s)			Date of birth		
<p><b>In the event of claim for loss of support, please provide certified copies of the deceased's three most recent pay slips, I.D. or passport.</b></p> <p><b>In the event of claim for past medical costs, please provide original invoices.</b></p>							



**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

SECTION 4				
Details of Income				
Fill in if claim is for reimbursement of income lost				
a)	Trade or occupation			
b)	Employed or self employed? Place a tick ✓	Employed	Self employed	
c)	If employed, state name of employer			
d)	Address of employer			
e)	Phone number of employer			
f)	Earnings per month			
g)	Income from own business			
h)	If self employed, state occupation or sector			
	(i) State address from where you operate			
i)	Period of employment			
j)	Period of not working due to injury			
k)	Total of income lost		N\$	
l)	Details of any other income or earnings which is not part of the claimant's salary		N\$	
<b>Kindly attach a letter from your employer indicating the period in which income was lost, certified copies of medical certificate and two most recent payslips proving the loss.</b>				
SECTION 5				
Mitigation of Loss				
Give details of other payments claimant entitled to				
Place a tick ✓		If Yes give details, e.g., amount payable per month or cash amount		
a)	Workmans Compensation	NO	YES	
b)	Social Security Support benefits	NO	YES	
c)	Social Security Death benefits	NO	YES	
d)	Medical aid	NO	YES	
e)	Any other grant from Government	NO	YES	

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

SECTION 6						
Police Report						
To be completed by the station commander or his/her designate at the station where the accident was reported or the MVA Fund investigator who attended the scene						
a)	Rank and name of police officer/MVA Fund investigator					
b)	Force number				c)	Name of police station
d)	Contact number					
e)	Was this accident re-reported? Place a tick ✓	YES	NO	f)	Date of report	
g)	Who reported?			h) Place of accident		
i)	Accident date and time			j)	Accident Report Number or CR Number	
k) List the number of vehicles and name(s) of drivers involved in the accident						
	Vehicle type	Registration No.	Name of driver		ID No.	
i)						
ii)						
iii)						
iv)						
l) State names of passengers and vehicle in which they travelled						
	Passenger	Vehicle		Injured/ Deceased (Place a tick ✓)		
Place a tick ✓ on all documentation attached to the claim form						
	(Pol 66) attached	YES	NO	Claimant's Statement	YES	NO
	Photographs	YES	NO	Sketch Plan	YES	NO
	Vehicle inspection done	YES	NO	Post Mortem Report	YES	NO
	Blood alcohol report	YES	NO	Inquest	YES	NO
	Statements of witnesses	YES	NO	Drivers warning statement	YES	NO
	If none of the above documents are available, please inform us in writing					
n)	Was the deceased identified in section 3 of this form involved in the accident?			YES	NO	
Kindly ensure that all documentation mentioned above is attached to the claim form where applicable. If any one of the above-mentioned documents is not available, please inform the Fund in writing						
o)	Give summary of accident facts					
Police Stamp			Signed .....			
			Name .....			



**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

l)	At the time of your first examination, Was the patient conscious? Please place a tick ✓		YES	NO
	If no, please provide Glasgow Coma Scale reading			
m)	Did the injured person require hospitalization?	YES	NO	If so, state period
n)	Was the injured person booked off?	YES	NO	If so, state period
o)	Did the patient require surgery?	YES	NO	If yes, state type
p)	Do you expect permanent disability?	YES	NO	Specify
q)	If yes to questions (m), (n), (p) above, please identify briefly			
r)	State medication patient was on			
s)	Is future medical treatment foreseen?	YES	NO	
(i)	If yes, what will be the probable nature of treatment be in respect of which injuries?			
(ii)	Expected date thereof:			
(iii)	Expected duration thereof:			
(iv)	Estimated cost thereof (if possible)	N\$		
(v)	Is hospitalization foreseen in connection with the future treatment referred to in (i) above	YES	NO	
t)	If yes, state:			
(i)	Expected date of such hospitalization			
(ii)	Expected duration thereof			
Signature ..... Qualification ..... Name ..... Date ..... Doctor's or hospital stamp				
Copies of all medical records from date of first treatment MUST be attached.				

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

<b>SECTION 8</b> <b>Banking Details</b>	
If you want your money to be deposited directly into your bank account, please complete this section	
I, _____, the undersigned, state:	
1. I am the holder of a bank account with the following details: Account Holder Name: _____ Account number: _____ Account type (savings/cheque/etc): _____ Bank: _____ Branch: _____ Branch code: _____	
2. I hereby request that the cheque be deposited into the above bank account.	
3. I accept the risk of any loss that I may suffer as a result of the fact that the cheque is deposited into this bank account, and indemnify the MVA Fund of all or any loss or damage, whether direct or indirect, that might arise as a result of the cheque being deposited.	
..... Claimant	..... Date
Please ensure that the above bank details are correct.	
<b>SECTION 9</b> <b>Claimant's Affidavit</b>	
I hereby declare that the deponent has sworn to and signed this statement in my presence at ..... on the ..... day of ..... 20... and he/she declared as follows: that the facts herein contained fall within his/her personal knowledge and that he/she understands the contents hereof; that he/she has no objection to taking the oath; that he/she regards the oath as binding on his/her conscience and has declared as follows: "I swear that the contents of this Sworn Affidavit are true and correct, so help me God."	
Date .....	Signed ..... Claimant's Name
SWORN BEFORE ME	
Commissioner's stamp	Signed ..... Commissioner of Oaths/Capacity
Note that if the claimant is under legal disability, this form should be signed by the claimant's guardian, curator or custodian.	

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

Form MVAF 2



**MVA Fund**

The Motor Vehicle Accident Fund of Namibia

*Motor Vehicle Accident Fund Act (Act No. 10 of 2007), Section 28 Regulation 3*

**SERVICE PROVIDER**

**Notes:**

- a) **ONE claim form should be submitted in respect of each injured person or deceased.**
- b) **Fill in information as is known. Mark u/k if unknown. The more information there is the better the chance for early settlement.**
- c) **Note that it is a criminal offence to state false information or to withhold information required if such information is within the knowledge of the person filling in this form.**

SECTION 1 Details of the Claimant				
a)	Name			
b)	Registration No.		c)	VAT No.
d)	Physical address			
e)	Postal address			
f)	Phone number		g)	Fax
h)	E-mail address			
SECTION 2 Accident details				
a)	Date of accident		b)	Time of accident
c)	Place of accident			
d)	Name of street or streets of accident was at intersection			
e)	Name of police investigating officer attending			
SECTION 3 Details of Service Recipient				
a)	Patient or Deceased		Patient Account No	Your Ref.
(i)	Name of patient			ID No.
(ii)	Phone number(s)			Cell number
(iii)	Name of deceased, if applicable			ID No.
(iv)	Name of next of kin		Phone number	Cell number.
SECTION 4 Details of Services Rendered				
a)	<b>Ambulance Driver or Aircraft Pilot</b>			
(i)	Name			ID No.
(ii)	Phone number(s)	Work	Home	Cell
b)	<b>Attending Paramedic</b>			
(i)	Name			ID No.
(ii)	Phone number(s)	Work	Home	Cell

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

---

c)	<b>Attending Doctor</b>			
(i)	Name			ID No.
(ii)	Phone number(s)	Work	Home	Cell
(iii)	E-mail address			
d)	<b>Attending Specialist</b>			
(i)	Name			ID No.
(ii)	Phone number(s)	Work	Home	Cell
(iii)	E-mail address			
e)	<b>Service Centre</b>			
i)	Name			
ii)	Physical address			
iii)	Postal address			
iv)	Phone number		Fax	
v)	E-mail address			
<b>SECTION 5</b>				
<b>Statement of account</b>				
Date	Treatment/Service/Goods	No.	Treatment Code	Charge/Fee
Any comments applicable such as whether particular tariff or rate has been applied				
<b>Please note that a printed statement of account may be attached.</b>				

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

---

<b>SECTION 6</b> <b>Banking Details</b>	
If you want your money to be deposited directly into your bank account, please complete this section	
I, _____, the undersigned, state:	
1. I am the holder of a bank account with the following details: Account Holder Name: _____ Account number: _____ Account type (savings/cheque/etc): _____ Bank: _____ Branch: _____ Branch code: _____	
2. I hereby request that the cheque be deposited into the above bank account.	
3. I accept the risk of any loss that I may suffer as a result of the fact that the cheque is deposited into this bank account, and indemnify the MVA Fund of all or any loss or damage, whether direct or indirect, that might arise as a result of the cheque being deposited.	
..... Claimant	..... Date
Please ensure that the above bank details are correct.	
<b>SECTION 7</b> <b>Claimant's Affidavit</b>	
I hereby declare that the deponent has sworn to and signed this statement in my presence at ..... ..... on the ..... day of ..... 20... and he/she declared as follows: that the facts herein contained fall within his/her personal knowledge and that he/she understands the contents hereof; that he/she has no objection to taking the oath; that he/she regards the oath as binding on his/her conscience and has declared as follows: "I swear that the contents of this Sworn Affidavit are true and correct, so help me God."	
Date .....	Signed ..... Claimant's Name
SWORN BEFORE ME	
Commissioner's stamp	Signed ..... Commissioner of Oaths/Capacity
Note that if the claimant is under legal disability, this form should be signed by the claimant's guardian, curator or custodian.	



**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**



Form MVAF 3

**MVA Fund**

The Motor Vehicle Accident Fund of Namibia

*Motor Vehicle Accident Fund Act (Act No. 10 of 2007), Section 30 Regulation 5*

**NOTICE OF ACCIDENT**

In terms of Section 30 of the Motor Vehicle Accident Fund Act (Act No. 10 of 2007), this notice must be delivered by the driver or owner of a motor vehicle involved in an accident in which a person is injured or killed to the Motor Vehicle Accident Fund within fourteen (14) days of an accident.

It is a criminal offence not to comply with Section 30 of the Motor Vehicle Fund Act (Act No. 10 of 2007).

a)	Was this accident reported? Place a tick ✓		YES	NO	Date of report
b)	Who reported?		c) Place of accident		
d)	Date of accident		e) Time of accident		
f)	Accident Report Number		g) Name of police officer		
<b>h) List the vehicles and name(s) of drivers involved in the accident as known by you</b>					
	Vehicle type	Registration No.	Name of driver	ID No.	
i)					
ii)					
iii)					
iv)					
v)					
<b>Which vehicle were you driving/did you own at time of the accident? (Place a tick ✓)</b>					
i)	ii)	iii)	iv)	v)	
<b>i) State names of passengers and vehicle in which they travelled as known by you</b>					
	Passenger	Vehicle	ID No.	Injured/Deceased? (Place a tick ✓)	
				Injured	Deceased
				Injured	Deceased
				Injured	Deceased
				Injured	Deceased
				Injured	Deceased
				Injured	Deceased
<b>j) List of pedestrians and/or cyclists involved in the accident as known by you</b>					
	Name of pedestrian	ID No.	Name of cyclist	ID No.	
i)			i)		
ii)			ii)		
iii)			iii)		
iv)			iv)		

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

Place a tick <input checked="" type="checkbox"/> on all documentation attached							
k)	Accident Report Form (Pol 66) attached	YES		NO	Sketch Plan	YES	NO
	Photographs	YES		NO	Post Mortem report	YES	NO
	Vehicle inspect on done	YES		NO	Blood alcohol report	YES	NO
	Inquest	YES		NO			
<b>Kindly ensure that all documentation mentioned above is attached to this notice where applicable</b>							
1)	Give summary of accident facts						
Claimant's Affidavit							
I hereby declare that the deponent has sworn to and signed this statement in my presence at ..... ..... on the ..... day of ..... 20.... and he/she declared as follows: that the facts herein contained fall within his/her personal knowledge and that he/she understands the contents hereof; that he/she has no objection to taking the oath; that he/she regards the oath as binding on his/her conscience and has declared as follows: "I swear that the contents of this Sworn Affidavit are true and correct, so help me God."							
Date .....				Signed .....			
				Claimant's Name			
				SWORN BEFORE ME			
Commissioner's stamp				Signed .....			
				Commissioner of Oaths/Capacity			
Note that if the claimant is under legal disability, this form should be signed by the claimant's guardian, <i>curator</i> or custodian.							

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**



**Claim Form MVAF 4**

**MVA Fund**

The Motor Vehicle Accident Fund of Namibia

*Motor Vehicle Accident Fund Act (Act No. 10 of 2007), Section 28 Regulation 6*

**FUNERAL GRANT**

**Notes:**

- a) **Note that it is a criminal offence to state false information or withhold information required if such information is within the knowledge of the person filling in this form.**
- b) **Any MVA Fund or Nampost official can assist you to fill in this form.**
- c) **Read the heading of each section and fill in if required. Section 5 must be signed before a Commissioner of Oaths.**

SECTION 1 Personal details of the Claimant										
a)	Surname									
b)	First Names									
c)	Identification Number		d)	Place tick <input type="checkbox"/>	Male		Female			
e)	Date of birth									
f)	Place of birth									
g)	Nationality									
h)	Status (Place tick <input type="checkbox"/> )	Married		Single		Divorced		Widowed		
i)	Residential address									
j)	Postal address									
k)	Phone Numbers	W		H		Cell				
SECTION 2 Details of the Deceased										
d)	Date of injury					e)	Date of death			
f)	Name of clinic/hospital where first treated									
g)	Name of doctor who first treated deceased									
h)	Was deceased ill prior to death?	YES		NO		What illness?				
i)	Place of death									
j)	What was the relationship of the deceased to the claimant? (Place a tick <input type="checkbox"/> )	Spouse		Father		Mother		Son		Daughter
		If "other" please specify								
<b>Please provide certified copies of the deceased's I.D./passport and death certificate.</b>										

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

SECTION 3 Police Report						
To be completed by the station commander or his/her designate at the station where the accident was reported or the MVA Fund investigator who attended the scene.						
a)	Rank and name of police officer/MVA Fund investigator					
b)	Force number					
c)	Name of police station					
d)	Contact number					
e)	Was this accident reported? (Place a tick ✓)	YES	NO			
f)	Date of report	Who reported?				
g)	Place of accident	Accident date/time				
h)	Accident Report Number or CR Number					
k)	<b>List the number of vehicles and name(s) or drivers involved in the accident</b>					
	Vehicle type	Registration No.	Name of driver	I.D. No.		
i)						
ii)						
iii)						
iv)						
vi)						
<b>Documentation and Information available (Place a tick ✓). Please attach available documentation</b>						
m)	Accident Report Form (Pol 66) attached	YES	NO	Claimant's Statement	YES	NO
	Photographs	YES	NO	Sketch Plan	YES	NO
	Vehicle inspection done	YES	NO	Post Mortem Report	YES	NO
	Blood alcohol report	YES	NO	Inquest	YES	NO
	Statements of witnesses	YES	NO	Drivers warning statement	YES	NO
If none of the above documents are available, please inform us in writing						
n)	Give summary of accident facts					
Signed .....						
<b>Police Stamp</b>		Name .....				

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

<b>SECTION 4</b> <b>Banking Details</b>	
If you want your money to be deposited directly into your bank account, please complete this section	
I, _____, the undersigned, state:	
1. I am the holder of a bank account with the following details: Account Holder Name: _____ Account number: _____ Account type (savings/cheque/etc): _____ Bank: _____ Branch: _____ Branch code: _____	
2. I hereby request that the cheque be deposited into the above bank account.	
3. I accept the risk of any loss that I may suffer as a result of the fact that the cheque is deposited into this bank account, and indemnify the MVA Fund of all or any loss or damage, whether direct or indirect, that might arise as a result of the cheque being deposited.	
..... Claimant	..... Date
<b>Please ensure that the above bank details are correct.</b>	
<b>SECTION 5</b> <b>Claimant's Affidavit</b>	
I hereby declare that the deponent has sworn to and signed this statement in my presence at ..... on the ..... day of ..... 20.... and he/she declared as follows: that the facts herein contained fall within his/her personal knowledge and that he/she understands the contents hereof; that he/she has no objection to taking the oath; that he/she regards the oath as binding on his/her conscience and has declared as follows: "I swear that the contents of this Sworn Affidavit are true and correct, so help me God."	
Date .....	Signed ..... Claimant's Name
SWORN BEFORE ME	
Commissioner's stamp	Signed ..... Commissioner of Oaths/Capacity
<b>Note that if the claimant is under legal disability, this form should be signed by the claimant's guardian, curator or custodian.</b>	

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

---



Form MVAF 5

**MVA Fund**

The Motor Vehicle Accident Fund of Namibia

*Motor Vehicle Accident Fund Act (Act No. 10 of 2007), Section 25 Regulation 6*

**NOTICE OF DISSATISFACTION**

To: The Chief Executive Officer  
Motor Vehicle Accident Fund  
*[Address]*

**Claimant** *[State name]*      **Claim number** *[State number]*

I wish to give notice in terms of section 32 (6) of the Motor Vehicle Accident Fund Act that I am dissatisfied with the following actions of the Fund which, if not rectified, will found review proceedings in the High Court of Namibia.

Please take note that I am dissatisfied as regards –

*[Set out your reasons in full and sign this notice]*

.....  
**Signed**

.....  
**Date**

.....  
**ID number**

*(Please note that this Notice of Dissatisfaction must be delivered prior to commencing review proceedings.)*

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

**ANNEXURE B**

**Motor Vehicle Accident Fund Act (Act No. 10 of 2007), Section 25(1)(c), Regulation 7**

**COMPENSATION FOR INJURY GUIDE**

[Capitalisation throughout the Table is reproduced as it appears in the *Government Gazette*.]

QUANTUM LIST FOR INJURY PROFILING IN NAMIBIA	CODE	MINOR + MINOR WITH AFTER EFFECTS	CODE	MODERATE + MODERATE WITH AFTER EFFECTS	CODE	SEVERE + SEVERE WITH AFTER EFFECTS
<b>HEAD INJURIES</b>						
<b>1. FRACTURES</b>						
Skull Base	<b>1101</b>	8470	<b>1201</b>	10890	<b>1301</b>	12100
Parietal and/or Frontal Bones	<b>1102</b>	7260	<b>1202</b>	8470	<b>1302</b>	9680
Malor/Zygoma	<b>1103</b>	4235	<b>1203</b>	6050	<b>1303</b>	6050
Nose	<b>1104</b>	1815	<b>1204</b>	8470	<b>1304</b>	10890
Orbital/peri-orbital	<b>1105</b>	1210	<b>1205</b>	4840	<b>1305</b>	12100
Maxilla	<b>1106</b>	4840	<b>1206</b>	7260	<b>1306</b>	12100
Mandible	<b>1107</b>	2420	<b>1207</b>	4840	<b>1307</b>	10890
Tooth	<b>1108</b>	605	<b>1208</b>	1815	<b>1308</b>	3025
<b>2. DISLOCATIONS</b>						
Mandible	<b>2101</b>	1210	<b>2201</b>	3630	<b>2301</b>	6050
<b>3. DISLOCATION &amp; FRACTURES</b>						
Mandible	<b>3101</b>	3025	<b>3201</b>	4840	<b>3301</b>	10890
<b>4. AMPUTATION</b>						
Tooth	<b>4101</b>	605	<b>4201</b>	1210	<b>4301</b>	3025
<b>5. HAEMORRHAGE</b>						
Subdural	<b>5101</b>	7260	<b>5201</b>	18150	<b>5301</b>	96800
Brain	<b>5102</b>	7260	<b>5202</b>	18150	<b>5302</b>	96800
Epistaxis	<b>5103</b>	550	<b>5203</b>	1100	<b>5303</b>	1650
<b>6. SOFT TISSUE INJURIES</b>						
Bruising	<b>6101</b>	605	<b>6201</b>	1210	<b>6301</b>	2420
Abrasions	<b>6102</b>	605	<b>6202</b>	1210	<b>6302</b>	30250
Lacerations small/minor – no stitches required	<b>6103</b>	605	<b>6203</b>	3630	<b>6303</b>	6050
Degloving of scalp	<b>6104</b>	2420	<b>6204</b>	6050	<b>6304</b>	30250
Contusion/concussion	<b>6105</b>	2420	<b>6205</b>	3630	<b>6305</b>	6050
Removal of foreign bodies	<b>6106</b>	1210	<b>6206</b>	2420	<b>6306</b>	3630
<b>7. PAIN</b>						
No other injury	<b>7101</b>	665.5	<b>7201</b>	1996.5	<b>7301</b>	3327.5
Permanent (other injuries recovered fully)	<b>7102</b>	3327.5	<b>7202</b>	3993	<b>7302</b>	6655
<b>Central Nervous System</b>						
<b>1. PAIN</b>						
No other injury	<b>7119</b>	605	<b>7219</b>	1815	<b>7319</b>	3025
Permanent (other injuries recovered fully)	<b>7120</b>	3025	<b>7220</b>	4235	<b>7320</b>	6050
<b>2. LOSS OF SENSES</b>						
Impairment of vision	<b>9101</b>	1-33%	<b>9201</b>	34-66%	<b>9301</b>	67-100%
Loss of one eye	<b>9102</b>	73150	<b>9202</b>		<b>9302</b>	

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

<b>QUANTUM LIST FOR INJURY PROFILING IN NAMIBIA</b>	<b>CODE</b>	<b>MINOR + MINOR WITH AFTER EFFECTS</b>	<b>CODE</b>	<b>MODERATE + MODERATE WITH AFTER EFFECTS</b>	<b>CODE</b>	<b>SEVERE + SEVERE WITH AFTER EFFECTS</b>
Total loss of visual field	<b>9103</b>	110000	<b>9203</b>		<b>9303</b>	
Impairment of hearing	<b>9104</b>	1-33%	<b>9204</b>	34-66%	<b>9304</b>	67-100%
Loss of hearing in one ear	<b>9105</b>		<b>9205</b>		<b>9305</b>	33000
Total loss of hearing	<b>9106</b>		<b>9206</b>		<b>9306</b>	50000
Loss of olfactory sense	<b>9107</b>	6050	<b>9207</b>	9680	<b>9307</b>	11000
Hemi paresis	<b>9108</b>		<b>9208</b>		<b>9308</b>	49500
Paraplegia	<b>9109</b>		<b>9209</b>		<b>9309</b>	110000
Quadriplegia	<b>9110</b>		<b>9210</b>		<b>9310</b>	110000
Brain damage	<b>9111</b>		<b>9211</b>		<b>9311</b>	110000
Post traumatic stress syndrome	<b>9112</b>	18150	<b>9212</b>	30250	<b>9312</b>	33000
Anxiety attacks/reactive depression	<b>9113</b>	6050	<b>9213</b>	12100	<b>9313</b>	18150
Epileptic post traumatic	<b>9114</b>	30250	<b>9214</b>	42350	<b>9314</b>	60500
Major depression	<b>9115</b>	18150	<b>9215</b>	30250	<b>9315</b>	33000
<b>SPINAL CORD</b>						
<b>1. FRACTURES</b>						
Cervical vertebrae	<b>1109</b>	8470	<b>1209</b>	25410	<b>1309</b>	48400
Thorax/ Back	<b>1110</b>	4840	<b>1210</b>	12100	<b>1310</b>	48400
Dorsal/and or lumbar vertebrae	<b>1111</b>	9680	<b>1211</b>	21780	<b>1311</b>	36300
Coccyx	<b>1112</b>	2420	<b>1212</b>	4840	<b>1312</b>	10890
<b>2. DISLOCATIONS</b>						
Neck (whiplash)	<b>2102</b>	3630	<b>2202</b>	12100	<b>2302</b>	30250
Back 2	<b>103</b>	9680	<b>2203</b>	18150	<b>2303</b>	36300
<b>3. DISLOCATION &amp; FRACTURES</b>						
Neck 3	<b>102</b>	19965	<b>3202</b>	33275	<b>3302</b>	59895
Back	<b>3103</b>	19965	<b>3203</b>	33275	<b>3303</b>	59895
<b>4. AMPUTATION</b>						
coccyx	<b>4102</b>	6655	<b>4202</b>	9317	<b>4302</b>	11979
<b>5. HAEMORRHAGE</b>						
Muscle	<b>5104</b>	1210	<b>5204</b>	2420	<b>5304</b>	12100
Epidural	<b>5105</b>	4840	<b>5205</b>	8470	<b>5305</b>	12100
<b>6. SOFT TISSUE INJURIES</b>						
Bruising	<b>6107</b>	605	<b>6207</b>	1210	<b>6307</b>	2420
Abrasions	<b>6108</b>	605	<b>6208</b>	1210	<b>6308</b>	2420
Lacerations small/minor – no stitches required	<b>6109</b>	605	<b>6209</b>	3630	<b>6309</b>	6050
Laceration major/large – stitches required	<b>6110</b>	1815	<b>6210</b>	3630	<b>6310</b>	6050
Contusion	<b>6111</b>	605	<b>6211</b>	1210	<b>6311</b>	3025
Contractures	<b>6112</b>	6050	<b>6212</b>	9680	<b>6312</b>	12100
<b>7. PAIN</b>						
No other injury	<b>7103</b>	605	<b>7203</b>	1815	<b>7303</b>	3025
Permanent (other injuries recovered fully)	<b>7104</b>	3025	<b>7204</b>	3630	<b>7304</b>	6050
<b>UPPER EXTREMITIES</b>						
<b>1. FRACTURES</b>						
Clavicle	<b>1113</b>	4840	<b>1213</b>	8470	<b>1313</b>	9680
Scapula	<b>1114 4</b>	840	<b>1214</b>	8470	<b>1314</b>	9680
Humerus	<b>1115 4</b>	840	<b>1215</b>	12100	<b>1315</b>	36300



**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

<b>QUANTUM LIST FOR INJURY PROFILING IN NAMIBIA</b>	<b>CODE</b>	<b>MINOR + MINOR WITH AFTER EFFECTS</b>	<b>CODE</b>	<b>MODERATE + MODERATE WITH AFTER EFFECTS</b>	<b>CODE</b>	<b>SEVERE + SEVERE WITH AFTER EFFECTS</b>
Radius	1116	4840	1216	10890	1316	21780
Ulna	1117	4840	1217	10890	1317	21780
Radius and Ulna	1118	7260	1218	18150	1318	30250
Olecranon (elbow)	1119	7260	1219	18150	1319 3	0250
Wrist	1120	4235	1220	9680	1320	12100
Metacarpal	1121	2420	1221	3630	1321	4235
Finger	1122	1815	1222	3630	1322	4840
Thumb	1123	3630	1223	12100	1323	18150
<b>2. DISLOCATIONS</b>						
Shoulder	2104	7260	2204	14520	2304	16940
Elbow	2105	7260	2205	12100	2305	24200
Wrist	2106	4840	2206	10890	2306	16940
Fingers	2107	968	2207	1815	2307	2420
<b>3. DISLOCATION &amp; FRACTURES</b>						
Shoulder	3104	8470	3204	14520	3304	36300
Elbow	3105	10890	3205	14520	3305	30250
Wrist	3106	6050	3206	12100	3306	18150
Fingers	3107	1815	3207	3025	3307	3630
<b>4. AMPUTATION</b>						
Finger	4103	8470	4203	12100	4303	18150
Thumb	4104	14520	4204	18150	4304	24200
Other fingers	4105	4840	4205	7260	4305	9680
Below elbow	4106	48400	4206	48400	4306	48400
Above elbow	4107	60500	4207	60500	4307	60500
<b>5. HAEMORRHAGE</b>						
Muscle	5106	1210	5206	6050	5306	18150
Nails	5107	242	5207	605	5307	968
<b>6. SOFT TISSUE INJURIES</b>						
Bruising	6113	605	6213	1210	6313	2420
Abrasions	6114	605	6214	1100	6314	2420
Lacerations small/minor – no stitches required	6115	605	6215	3630	6315	6050
Lacerations large/major – stitches required	6116	2420	6216	3630	6316	6050
Contractures	6117	6050	6217	9680	6317	12100
<b>7. PAIN</b>						
No other injury	7105	605	7205	1815	7305	3025
Permanent (other injuries recovered fully)	7106	3025	7206	4235	7306	6050
<b>Chest and Chest Cavity</b>						
<b>1. FRACTURES</b>						
Sternum I	124	6050	1224	9680	1324	12100
Rib	1125	1815	1225	6050	1325	10890
<b>2. HAEMORRHAGE</b>						
Pleura	5108	6050	5208	10890	5308	22990
Haemothorax	5109	8470	5209	10890	5309	30250
<b>3. SOFT TISSUE INJURIES</b>						
Pneumothorax	6118	6050	6218	9680	6318	18150
Bruising	6119	605	6219	1210	6319	2420

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**  
**Motor Vehicle Accident Fund Regulations**

QUANTUM LIST FOR INJURY PROFILING IN NAMIBIA	CODE	MINOR + MINOR WITH AFTER EFFECTS	CODE	MODER- ATE + MODER- ATE WITH AFTER EFFECTS	CODE	SEVERE + SEVERE WITH AFTER EFFECTS
Abrasions	<b>6120</b>	605	<b>6220</b>	1210	<b>6320</b>	2420
Lacerations small/minor – no stitches required	<b>6121</b>	605	<b>6221</b>	3630	<b>6321</b>	6050
Lacerations large/major – stitches required	<b>6122</b>	1815	<b>6222</b>	3630	<b>6322</b>	6050
Contusion	<b>6123</b>	605	<b>6223</b>	1210	<b>6323</b>	3025
<b>4. PAIN</b>						
No other injury	<b>7107</b>	605	<b>7207</b>	1815	<b>7307</b>	3025
Permanent (other injuries recovered fully)	<b>7108</b>	3025	<b>7208</b>	4235	<b>7308</b>	6050
<b>5. HAEMORRHAGE</b>						
Muscle	<b>5113</b>	1815	<b>5213</b>	2420	<b>5313</b>	3025
Haemothorax	<b>5114</b>	8470	<b>5214</b>	10890	<b>5314</b>	22990
Pulmonary thrombosis/ embolism fat embolism	<b>5115</b>	12100	<b>5215</b>	18150	<b>5315</b>	30250
<b>6. AMPUTATION</b>						
Lung	<b>4111</b>	48400	<b>4211</b>	48400	<b>4311</b>	48400
<b>7. SOFT TISSUE INJURIES</b>						
Lung	<b>6135</b>	6050	<b>6235</b>	9680	<b>6335</b>	12100
Pleura	<b>6136</b>	12100	<b>6236</b>	18150	<b>6336</b>	24200
Diaphragm	<b>6137</b>	9680	<b>6237</b>	14520	<b>6337</b>	19360
Contusion	<b>6138</b>	1815	<b>6238</b>	3630	<b>6338</b>	6050
<b>Cardiovascular system</b>						
<b>1. HAEMORRHAGE</b>						
Anaemia	<b>5122</b>	6050	<b>5222</b>	9075	<b>5322</b>	12100
<b>2. SOFT TISSUE INJURIES</b>						
Contusion	<b>6151</b>	4840	<b>6251</b>	10890	<b>6351</b>	33000
Tamponade	<b>6152</b>	7260	<b>6252</b>	18150	<b>6352</b>	33000
Rupture large arteries and veins	<b>6153</b>	7260	<b>6253</b>	18150	<b>6353</b>	33000
Skin (augmentary system) [The other columns in this row are blank in the Gazette.]						
<b>1. SOFT TISSUE INJURIES</b>						
No lesion/scar present. No treatment necessary. Little or no limitation exists in the performance of the activities of daily living, although unavoidable contact with specific irritant or allergic sub stances might temporarily increase the extent of limitat [This text is cut off in the Gazette as reproduced above.]	<b>6154</b>	605	<b>6254</b>	968	<b>6354</b>	1210
Minimal lesion/scar. Minor treatment necessary (creams and ointment).	<b>6155</b>	968	<b>6255</b>	1210	<b>6355</b>	1815
Moderate lesion/scar. Surgical/ chemical treatment is required	<b>6156</b>	1210	<b>6256</b>	1815	<b>6356</b>	3025

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**

**Motor Vehicle Accident Fund Regulations**

<b>QUANTUM LIST FOR INJURY PROFILING IN NAMIBIA</b>	<b>CODE</b>	<b>MINOR + MINOR WITH AFTER EFFECTS</b>	<b>CODE</b>	<b>MODERATE + MODERATE WITH AFTER EFFECTS</b>	<b>CODE</b>	<b>SEVERE + SEVERE WITH AFTER EFFECTS</b>
– may include intermittent courses of parenteral steroids. Limitation of many daily activities.						
Widespread severe lesions/ scars. Extensive surgical/ chemical treatment is required, It may also include the possibility that no treatment can be given for these lesions/ scars (irreparable). Treatment may require confinement at home or other domicile.	<b>6157</b>	30250	<b>6257</b>	48400	<b>6357</b>	66000
Noticeable scarring, alteration of the shape of the facial features or loss of hair which cannot be replaced without difficulty.	<b>6158</b>	36300	<b>6258</b>	54450	<b>6358</b>	88000
Substantial scarring, burns or alteration of the shape of facial features.	<b>6159</b>	60500	<b>6259</b>	84700	<b>6359</b>	99000
Major disfigurement caused by scarring, burns, etc., which affect or partially obliterate the shape of facial features.	<b>6160</b>	77000	<b>6260</b>	88000	<b>6360</b>	99000
Gross disfigurement with obliteration of features and normal skin appearance due to burns, multiple scars or other causes.	<b>6161</b>	88000	<b>6261</b>	99000	<b>6361</b>	110000
<b>Reproductive system and abdominal organs</b>						
<b>Male reproductive system</b>						
<b>1. AMPUTATION</b>						
Loss of penis and/or partial loss resulting in impotence	<b>4112</b>	12100	<b>4212</b>	19800	<b>4312</b>	27500
Loss of both testes	<b>4113</b>	24200	<b>4213</b>	36300	<b>4313</b>	44000
Loss of one testicle	<b>4114</b>	12100	<b>4214</b>	18150	<b>4314</b>	22000
<b>2. SOFT TISSUE INJURIES</b>						
Urethral stricture or other impairment requiring ongoing treatment	<b>6163</b>	22000	<b>6263</b>	33000	<b>6363</b>	40000
<b>Female reproductive system</b>						
<b>3. SOFT TISSUE INJURIES</b>						
Sterility due to traumatic causes, including radiation and exposure to toxic chemicals	<b>6164</b>	18150	<b>6264</b>	24200	<b>6364</b>	27500
Injuries to the urinary bladder	<b>6165</b>	6050	<b>6265</b>	24200	<b>6365</b>	88000
Hysterotomy/hysterectomy/ LSCS	<b>6166</b>	24200	<b>6266</b>	0	<b>6366</b>	0
Termination of pregnancy	<b>6167</b>	24200	<b>6267</b>	36300	<b>6367</b>	44000

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**

**Motor Vehicle Accident Fund Regulations**

<b>QUANTUM LIST FOR INJURY PROFILING IN NAMIBIA</b>	<b>CODE</b>	<b>MINOR + MINOR WITH AFTER EFFECTS</b>	<b>CODE</b>	<b>MODERATE + MODERATE WITH AFTER EFFECTS</b>	<b>CODE</b>	<b>SEVERE + SEVERE WITH AFTER EFFECTS</b>
IUD	<b>6168</b>	24200	<b>6268</b>	36300	<b>6368</b>	44000
Placenta Abruptio	<b>6169</b>	24200	<b>6269</b>	36300	<b>6369</b>	44000
Urethral stricture or other impairment requiring ongoing treatment	<b>6171</b>	24200	<b>6271</b>	36300	<b>6371</b>	44000
Direct trauma to vagina and vulva resulting in sexual dysfunction	<b>6172</b>	18150	<b>6272</b>	24200	<b>6372</b>	30250
<b>Abdominal organs</b>						
<b>4. HAEMORRHAGE</b>						
Intestines	<b>5116</b>	6050	<b>5216</b>	14520	<b>5316</b>	21780
Liver	<b>5117</b>	7260	<b>5217</b>	12100	<b>5317</b>	24200
Spleen	<b>5118</b>	12100	<b>5218</b>	19250	<b>5318</b>	30250
Kidneys	<b>5119</b>	12100	<b>5219</b>	24200	<b>5319</b>	36300
Peritoneum	<b>5120</b>	12100	<b>5220</b>	24200	<b>5320</b>	36300
Stomach	<b>5121</b>	12100	<b>5221</b>	24200	<b>5321</b>	36300
<b>5. SOFT TISSUE INJURIES</b>						
Contusion	<b>6139</b>	1815	<b>6239</b>	3630	<b>6339</b>	6050
Kidney transplant	<b>6140</b>	0	<b>6240</b>	60500	<b>6340</b>	110000
Rupture liver	<b>6141</b>	7260	<b>6241</b>	12100	<b>6341</b>	24200
Kidney rupture	<b>6142</b>	6050	<b>6242</b>	12100	<b>6342</b>	18150
Removal kidney	<b>6143</b>	12100	<b>6243</b>	18150	<b>6343</b>	55000
Spleen rupture	<b>6144</b>	6050	<b>6244</b>	12100	<b>6344</b>	18150
Removal spleen	<b>6145</b>	18150	<b>6245</b>	30250	<b>6345</b>	38500
Stomach rupture	<b>6146</b>	6050	<b>6246</b>	12100	<b>6346</b>	18150
Removal stomach	<b>6147</b>	60500	<b>6247</b>	60500	<b>6347</b>	55000
Intestines rupture 6	<b>148</b>	6050	<b>6248</b>	12100	<b>6348</b>	18150
Removal intestines small	<b>6149</b>	18150	<b>6249</b>	30250	<b>6349</b>	42350
Removal intestines large	<b>6150</b>	18150	<b>6250</b>	30250	<b>6350</b>	42350
Oesophagotomy		0		0	<b>8301</b>	55000
Gastrostomy		0		0	<b>8302</b>	55000
Jejunostomy		0		0	<b>8303</b>	55000
Ileostomy		0		0	<b>8304</b>	55000
Tracheostomy		0	<b>8205</b>	27500	<b>8305</b>	55000
Colostomy		0	<b>8206</b>	27500	<b>8306</b>	55000
<b>Pelvis and pelvic area</b>						
<b>1. FRACTURES</b>						
Iliac, sacrum, pubis, schium	<b>1140</b>	12100	<b>1240</b>	18150	<b>1340</b>	30250
Acetabulum	<b>1141</b>	16940	<b>1241</b>	25410	<b>1341</b>	48400
<b>2. DISLOCATIONS</b>						
Iliac, sacrum, pubis, ischium	<b>2111</b>	9680	<b>2211</b>	22990	<b>2311</b>	36300
Acetabulum	<b>2112</b>	9680	<b>2212</b>	22990	<b>2312</b>	36300
<b>3. DISLOCATION &amp; FRACTURES</b>						
Iliac/sacrum	<b>3111</b>	14520	<b>3211</b>	26136	<b>3311</b>	42350
Acetabulum	<b>3112</b>	18150	<b>3212</b>	53240	<b>3311</b>	60500
<b>4. HAEMORRHAGE</b>						
Muscle	<b>5112</b>	1210	<b>5212</b>	7260	<b>5312</b>	12100
<b>5. SOFT TISSUE INJURIES</b>						
Bruising	<b>6130</b>	605	<b>6230</b>	1210	<b>6330</b>	2420

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**

**Motor Vehicle Accident Fund Regulations**

<b>QUANTUM LIST FOR INJURY PROFILING IN NAMIBIA</b>	<b>CODE</b>	<b>MINOR + MINOR WITH AFTER EFFECTS</b>	<b>CODE</b>	<b>MODERATE + MODERATE WITH AFTER EFFECTS</b>	<b>CODE</b>	<b>SEVERE + SEVERE WITH AFTER EFFECTS</b>
Abrasions	<b>6131</b>	605	<b>6231</b>	1210	<b>6331</b>	2420
Lacerations small/minor – no stitches required	<b>6132</b>	605	<b>6232</b>	3630	<b>6332</b>	6050
Lacerations large/major – stitches required	<b>6133</b>	1815	<b>6233</b>	3630	<b>6333</b>	6050
Contusion	<b>6134</b>	1815	<b>6234</b>	3630	<b>6334</b>	6050
<b>6. PAIN</b>						
No other injury	<b>7111</b>	605	<b>7211</b>	1815	<b>7311</b>	3025
Permanent (other injuries recovered fully)	<b>7112</b>	3025	<b>7212</b>	4235	<b>7312</b>	6050
<b>Lower extremities</b>						
<b>1. FRACTURES</b>						
Femur	<b>1126</b>	10890	<b>1226</b>	18150	<b>1326</b>	36300
Patella	<b>1127</b>	6050	<b>1227</b>	10890	<b>1327</b>	14520
Tibia and fibula	<b>1128</b>	13310	<b>1228</b>	19360	<b>1328</b>	24200
Tibia	<b>1129</b>	8470	<b>1229</b>	12100	<b>1329</b>	19360
Fibula	<b>1130</b>	3630	<b>1230</b>	7260	<b>1330</b>	9680
Ankle joint	<b>1132</b>	9680	<b>1232</b>	21780	<b>1332</b>	30250
Achilles tendon	<b>1133</b>	8470	<b>1233</b>	12100	<b>1333</b>	19360
Malleolus medial	<b>1134</b>	6050	<b>1234</b>	9680	<b>1334</b>	14520
Malleolus lateral	<b>1135</b>	3630	<b>1235</b>	7260	<b>1335</b>	9680
Heel (calcaneus/talus)	<b>1136</b>	6050	<b>1236</b>	13068	<b>1336</b>	18150
Metatarsus	<b>1137</b>	3630	<b>1237</b>	4840	<b>1337</b>	6050
Big toe	<b>1138</b>	1815	<b>1238</b>	3630	<b>1338</b>	4840
Other toe(s)	<b>1139</b>	968	<b>1239</b>	2178	<b>1339</b>	3025
<b>2. DISLOCATIONS</b>						
Hip	<b>2108</b>	9680	<b>2208</b>	22990	<b>2308</b>	36300
Knee cartilage or ligaments	<b>2109</b>	7260	<b>2209</b>	12100	<b>2309</b>	30250
Ankle	<b>2110</b>	6050	<b>2210</b>	10890	<b>2310</b>	24200
<b>3. DISLOCATION &amp; FRACTURES</b>						
Knee	<b>3108</b>	13310	<b>3208</b>	21780	<b>3308</b>	38720
Ankle	<b>3109</b>	9680	<b>3209</b>	14520	<b>3309</b>	30250
Hip	<b>3110</b>	18150	<b>3210</b>	24200	<b>3310</b>	30250
<b>4. AMPUTATION</b>						
Big toe	<b>4107</b>	12100	<b>4207</b>	15730	<b>4307</b>	20570
other toe(s)	<b>4108</b>	3630	<b>4208</b>	6050	<b>4308</b>	8470
Below knee	<b>4109</b>	60500	<b>4209</b>	60500	<b>4309</b>	60500
Above knee	<b>4110</b>	96800	<b>4210</b>	96800	<b>4310</b>	96800
<b>5. HAEMORRHAGE</b>						
Muscle	<b>5110</b>	2420	<b>5210</b>	6050	<b>5310</b>	18150
Knee	<b>5111</b>	2420	<b>5211</b>	6050	<b>5311</b>	18150
<b>6. SOFT TISSUE INJURIES</b>						
Bruising	<b>6124</b>	605	<b>6224</b>	1210	<b>6324</b>	2420
Abrasions	<b>6125</b>	605	<b>6225</b>	1210	<b>6325</b>	2420
Lacerations small/minor – no stitches required	<b>6126</b>	605	<b>6226</b>	3630	<b>6326</b>	6050
Lacerations large/major – stitches required	<b>6127</b>	1815	<b>6227</b>	3630	<b>6327</b>	6050
Contusion	<b>6128</b>	1815	<b>6228</b>	3630	<b>6328</b>	6050

**REGULATIONS**  
**Motor Vehicle Accident Fund Act 10 of 2007**

**Motor Vehicle Accident Fund Regulations**

<b>QUANTUM LIST FOR INJURY PROFILING IN NAMIBIA</b>	<b>CODE</b>	<b>MINOR + MINOR WITH AFTER EFFECTS</b>	<b>CODE</b>	<b>MODER-ATE + MODER-ATE WITH AFTER EFFECTS</b>	<b>CODE</b>	<b>SEVERE + SEVERE WITH AFTER EFFECTS</b>
Contractures	<b>6129</b>	6050	<b>6229</b>	9680	<b>6329</b>	12100
<b>7. PAIN</b>						
No other injury	<b>7109</b>	605	<b>7209</b>	1815	<b>7309</b>	3025
Permanent (other injuries recovered fully)	<b>7110</b>	3025	<b>7210</b>	4235	<b>7310</b>	6050