

TRAVEL REPORT QUESTIONNAIRE

NAME		Date of injury		Employer	
1. Describe in detail how and where (street names, etc) the accident happened, stating the time of the accident: <i>(Please include detailed statements by the driver of the vehicle and eyewitnesses to the accident, describing how and where the accident occurred, as well as a diagram.)</i>					
2. Who is the registered owner of the vehicle?					
If the owner is not the business or the injured employee – please answer the following two questions:					
a. What is the owner's relation to the business?					
b. Did the owner of the vehicle receive a petrol/diesel allowance for the use of this vehicle?					
3. Route Traveled:			4. Purpose of the journey (Pls mark with "X")		
From:			Business		
To:			Private		
5. Was the vehicle traveling on a direct route to its destination from its place of departure?					
6. Was the vehicle specifically used for the purpose described in your answer in question 4? (For example, if the purpose of the journey was to deliver bread, was the vehicle assigned to the task of transporting bread?)					
7. What control did you exercise over the driver of the vehicle for determining the vehicle's point and time of departure, destination and route, as well as being able to discontinue the transport at any time?					
8. Was transport supplied free of charge to the employee?					
9. Name and details of drivers employer:			10. Person responsible for trip and the cost thereof:		
11. Claim number of injured employee:			12. Registration number of vehicle involved in accident:		
13. SAP branch where accident was reported:			14. SAP case No:		
15. Details of other injured employee's, if any:					
Name and Surname			Claim Number		
Employer's Signature		Date signed			

The information in this report is requested by the Compensation Fund, to enable them to ascertain liability for payment of compensation and medical expenses for the accident involving the above named employee.