

DEPARTMENT OF LABOUR

OFFICE OF THE COMPENSATION COMMISSIONER

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TRANSPORT QUESTIONNAIRE

1. Describe in detail how and where (street names, etc.) the accident happened
2. Include detailed statements by the driver of the vehicle and eyewitnesses to the accident, describing how and where (street names, etc.) the accident occurred, as well as diagram.
3. Who is the registered owner of the vehicle?
4. Name the place of departure and the destination of the vehicle at the time of an accident.
5. Was the vehicle traveling on a direct route to its destination from its place of departure?
6. What was the purpose of the journey”
7. Was the vehicle specifically used for the purpose described in your answer to the above question?
8. What control did you exercise over the driver of the vehicle for the determining the vehicle’s point and time of departure, destination and route, as well as being able to discontinue the transport at any time?
9. Was transport supplied free of charge to the employees to transport them to and from work?
10. The registration number(s) of the vehicle(s) involved in the accident.
11. To which South African Police Station was the accident reported and what was the reference number assigned to the case.
12. The names and claim numbers of the other injured employees, if any.
13. In whose employment was the driver of the vehicle