



**ROAD SAFETY AND INSURANCE FUND
SERVICE**

**DIRECTIVE ON THIRD - PARTY VEHICLE
ACCIDENT INSURANCE POLICY AND CLAIMS
ADMINISTRATION**

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Introduction

The directive addresses the conditions under which third-party liability insurance coverage applies to vehicles operating on the road, whether or not they have valid insurance coverage. It outlines the payment of compensation for damages caused to third parties, actions taken against recurrent offenders, and measures affecting drivers and insurance revenues tied to frequent accidents.

The directive also details procedures concerning policy durations shorter than one year, issuance of insurance certificates based on the policy period, and other operational specifics. By organizing these aspects, the directive aims to enhance the law's implementation and establish a standardized procedure nationwide.

The Ministry of Transport and Logistics issues this directive under the authority granted by Article 29, Sub-Article 2 of the Third-Party Insurance Proclamation No. 799/2005.

Objective of the Directive

The directive aims to achieve the following objectives:

- 1) Digitize the administration of insurance policies and claims to establish a standardized nationwide system.
- 2) Ensure the effective implementation of regulations concerning determining premium rates and compensation amounts for third-party liability insurance in vehicular accidents.
- 3) Guarantee that third-party accident victims receive appropriate compensation from insurance providers or service entities.

Necessity of the Directive

The directive was revised to address observed challenges and unaddressed issues in implementing existing third-party vehicle accident insurance policies and claims directives.

It became necessary to include these and other related provisions in an improved legal framework due to the following reasons:

The information management system required modernization, transitioning from manual and registry-based methods to an online system, necessitating updates in the directive.

The Insurance Fund Administration Agency, originally established under Regulation No. 300/2006, was restructured as the Road Safety and Insurance Fund Service under Regulation No. 493/2014. This reorganization required the directive to align with the new framework.

Part 1

GENERAL

1. Short Title

This Directive officially serves as the "Third-Party Vehicle Accident Insurance Policy and Claims Administration Directive No. ...".

2. Definitions

Unless the context provides otherwise:

1. Terms defined under Proclamation No. 799/2005 and Regulation No. 493/2014 shall apply to this directive as well.
2. "Proclamation" means the Third-Party Vehicle Accident Insurance Proclamation No. 799/2005.

3. "Regulation" means Regulation No. 493/2014 on the Establishment of the Road Safety and Insurance Fund Services issued by the Council of Ministers.
4. "Service" means the Road Safety and Insurance Fund Service established under Regulation No. 493/2014 issued by the Council of Ministers.
5. "Digital Third-Party Insurance" means the provision and management of third-party vehicle accident insurance using a digital technology system to serve users.
6. "Digital Insurance Certificate" means a document generated by the digital system that certifies the third-party insurance coverage of a vehicle owner for vehicle accidents. This certificate is placed on the vehicle's windshield or, for vehicles without windshields, is carried by the driver.
7. "Accident Registration System" means a system that records the number of accidents associated with a vehicle covered by an insurance policy during the validity period of the policy.
8. "Uninsured Vehicle" means a vehicle that does not have valid third-party insurance coverage as required by the proclamation or has lost its insurer's capacity to cover claims due to insolvency, despite having an insurance policy.
9. "Unknown Vehicle" means a vehicle involved in an accident whose driver, owner, or identifying details are not known.
10. "Medical Expense" means the cost incurred for medical treatment of a person injured in a vehicle accident while admitted to a healthcare institution or receiving outpatient care. It does not include expenses for emergency medical services.

3. Scope of Directive

This directive applies to the service, the insurer, the insurance revenue, and third parties affected by motor vehicle accident damages.

Part 2

DIGITAL THIRD - PARTY INSURANCE MANAGEMENT PROCESS

4. Digital Third-Party Insurance Management Process

1. The service implements a digital third-party insurance system to ensure mandatory third-party liability coverage for registered vehicles involved in motor vehicle accidents.
2. The service monitors and supervises the digital third-party insurance coverage provided by insurers to their customers.
3. Insurers must issue digital insurance certificates with unique, sequential identification numbers.
4. Each digital insurance certificate must prominently display the logo of the Ministry of Transport and Logistics and the service provider.
5. Each digital insurance certificate must comply with Article 9 of the regulation and other applicable rules and requirements. The digital certificate must include the following information:
 - a) Insurance policy number
 - b) Insurance certificate number
 - c) Name and address of the policyholder
 - d) License plate, engine, and chassis numbers of the vehicle
 - e) Policy duration
 - f) Vehicle type, service type, and passenger or cargo capacity
 - g) Name and branch of the insurer
 - h) Seal of the insurer

5. Issuance of Digital Third-Party Insurance Certificates

Every insurer must adhere to the following detailed operational guidelines when issuing digital insurance certificates:

1. Insurers must ensure that the digital insurance certificate they issue operates solely within the established digital third-party insurance management system under this directive.
2. Insurers are obligated to provide third-party insurance policies based on the digital third-party insurance system utilizing digital technology.
3. Insurers must completely, clearly, and accurately fill out all required information on the digital third-party insurance certificate.
4. A digital third-party insurance certificate must be prepared and issued exclusively for a single vehicle.
5. Insurers must provide each beneficiary or partial beneficiary with a unique digital third-party insurance certificate. The certificate must only reflect the policy issued by the specific insurance company providing the coverage.
6. Insurers must ensure that the validity period of any digital insurance certificate they issue, as stipulated in Article 6, Sub-Article (2) of this directive, is no less than one year.

6. Duration of Insurance Policy Validity

1. The validity period of an insurance policy must not be less than one year.
2. Despite the requirement in Sub-Article 1, an insurer may issue a policy for a shorter period (less than one year) only under the following circumstances:
 - a) For imported vehicles: The policy may cover the period until the vehicle is sold.

- b) For vehicles entering the country from abroad: The policy may apply only for the time required for the vehicle to enter the country.
3. Even under the conditions outlined in Sub-Article 2, insurers are not permitted to issue third-party insurance coverage for a period of less than ten days.
4. Premium Calculation for Short-Term Insurance Policies

For insurance policies issued for less than one year, the premium is determined based on the following table:

Policy Duration	Percentage of annual Premium
From 10 days to 1 month	30%
Up to 2 months	50%
Up to 3 months	70%
Up to 4 months	80%
Up to 5 months	90%
more than 6 months	Full annual premium

5. Even in cases where exceptions under sub-article 4 of this article apply, the minimum premium for a short-term insurance policy shall not be less than 809 (eight hundred nine) ETB.

7. Termination of the Insurance Contract

1. The insurance contract will be terminated only if the vehicle becomes obsolete or is no longer in use.
2. According to subsection 1 of this clause, the remaining period of the insurance contract, including any remaining payment for the premium or interest, will not be refunded.
3. According to subsections 1 and 2, once the insurance contract is terminated, the insurance policy for the vehicle will not be canceled even if the vehicle is transferred to a third party by sale, gift, or any other means.

4. If the insured vehicle changes its service, the new premium amount will be calculated according to the new system. If the new amount exceeds the original premium, the owner of the vehicle must pay the difference, and the insurance contract will continue until the service period expires.

8. Lost or Damaged Digital Insurance Certificate

1. Any insured individual or vehicle owner must retain the digital insurance certificate. It is mandatory to keep it in possession.
2. If the insured individual or vehicle owner loses or damages the digital insurance certificate, they must obtain a replacement from the digital system.

9. Third-Party Insurance Revenue Collection

The third-party insurance revenue will be deposited into a dedicated bank account based on the digital system used for the process.

The accounting period for the third-party insurance revenue will run from July 1 to June 30.

Part 3

REPEATED ACCIDENTS REGARDING INSURANCE REVENUES

10. Accident Registration

Any insurance provider must register the accidents and damages related to the insurance revenues within the digital third-party administration system.

11. Action on Repeated Traffic Accidents

1. Before renewing the insurance contract, any insurance provider must verify that the vehicle involved in an accident during the previous year has a recorded accident and damage report.
2. Any insurance provider must add the calculated additional premium to the following year's insurance premium, based on the accident and damage report for the insured vehicle within the same policy year.
3. The calculation of the premium amount will be based on the information recorded in the system, including the number and severity of accidents, the types of damages, and how much the premium will increase based on specific details.
4. When the insurance provider renews the insurance policy, they must use the record of the accidents and damages reported during the previous year to adjust the insurance premium accordingly.
5. The additional premium charged for an accident must reflect the type of accident and the severity of damages, as outlined in Section 13 of this regulation.

12. About Responsibility

1. If Article 11 of this directive applies, but the insurance beneficiary is not responsible for the accident, no additional premium will be imposed.
2. Even if the condition outlined in sub-article 1 applies, the vehicle directly involved in causing the accident is held accountable for the accident.
3. When multiple vehicles are involved in the accident, the responsibility is determined based on a police report or a court decision.
4. In cases involving the type of accident described in sub-article 3, the level of responsibility for each vehicle is assessed based on their contribution to or fault in causing the accident.

13. Calculation of Additional Premium

To determine the additional premium for repeated traffic accidents, the following table should be used to calculate the accident and damage severity based on the specific type of accident:

Type of Accident	First Accident	Second Accident	Third Accident	Fourth Accident	Fifth Accident
1. Physical Injury					
1.1 Minor Physical Injury	10%	20%	50%	80%	100%
1.2 Severe Physical Injury	20%	30%	50%	80%	100%
1.3 Fatal Accident	50%	75%	85%	100%	100%
2. Property Damage					
2.1 Damage below 50,000 Birr	10%	20%	30%	50%	100%
2.2 Damage between 50,001 and 100,000 Birr	20%	30%	75%	100%	120%
2.3 Damage between 100,001 and 500,000 Birr	50%	75%	100%	120%	130%
2.4 Damage between 500,001 and 1,000,000 Birr	60%	80%	110%	130%	140%
2.5 Damage above 1,000,001 Birr	70%	90%	120%	135%	150%

14. Duration of the Additional Premium

1. If an additional premium is applied due to repeated accidents, it will remain in effect for the following three years.
2. If, as specified in Sub-Article 1, the insured avoids causing accidents during the subsequent three years, the additional premium rate will be reduced to its original level.

15. Changing Insurance Providers

When an insured transfers their policy from one insurance company to another, the new insurance provider must verify through a digital system whether the insured vehicle has been involved in any accidents within the past three years. The new provider must issue a clearance certificate based on this directive.

Part 4

DETAILS OF COMMISSION DISTRIBUTION IN THE SERVICE AND AMONG INSURANCE COMPANIES

SUB-ARTICLE ONE

Detailed Commission Distribution Process in the Service

16. Accident Reporting Procedure

1. Any accident involving an uninsured or unidentified vehicle must be reported to the service within 10 days of its occurrence.
2. The following parties are authorized to report an accident involving an uninsured or unidentified vehicle:
 - a. The victim or a legally authorized representative of the victim or any relevant party.
 - b. Traffic police or any other government authority.
 - c. An emergency medical service provider was involved in the incident.
 - d. Any individual who was present at the scene of the accident and has knowledge of it.
3. Any person can report an accident involving an uninsured or unidentified vehicle or submit a claim by phone, fax, email, letter, the service's website, or the road traffic accident information management system. Reports should be directed to the police or the service.
4. In addition to the provisions mentioned in Sub-Article 3 of this Article, the service can facilitate the reporting of accidents with forms prepared for uninsured vehicles, and unidentified vehicles, and the emergency medical service request form filled out by traffic police.
5. Through the methods outlined in Sub-Articles 3 and 4 of this Article, the service must ensure that any reported accidents or claims are promptly forwarded to the post-traffic accident service department, which is managed by regional and city transport bureaus. The service should be directed to the relevant executive office responsible for post-traffic accident service and fund administration.
6. Based on the methods mentioned in Sub-Articles 3 and 4 of this Article, the assigned individual or representative must promptly fill

out and submit the accident reporting form for uninsured or unidentified vehicles. Alternatively, they should complete the registration digitally to ensure the proper reporting of the accident or claim.

7. After completing the form or digitally registering the accident or claim under Sub-Article 6 of this Article, the reporting entity must immediately confirm the traffic police, the police, or any government body. This confirmation must verify the report through either a certificate or the traffic accident information management system.

17. Accident or Claim Registration System

1. The post-traffic accident rescue service will collect necessary information about accidents caused by uninsured or unknown vehicles and register them digitally to ensure they are recorded, as outlined in Article 16, Sub-Articles 3 and 4 of this directive.
2. Individuals, their legal representatives, or other entities with the legal right to file a claim must register the reported accident in the digital registration system prepared for the service.
3. The registration system-generated file number will serve as a reference in all written communications with the claimant and other parties involved.
4. Claims related to accidents caused by uninsured or unknown vehicles will follow separate registration processes tailored for such cases.

18. Content of the Claim Registration System for Uninsured Vehicles

The claim registration system for accidents caused by uninsured vehicles must include the following details:

1. The date when the accident or claim was registered in the service's registration system.

2. The claim file number The reference code written in the format MYT/KLLL/000/Year, where:
 - a. MYT: Means uninsured vehicles.
 - b. KLLL: Indicates the region where the accident occurred.
 - c. 000: Represents the registration number in the claims database.
 - d. Year: Means the Ethiopian calendar year.
3. The name of the victim, the date of the accident, and the location of the accident.
4. The name and address of the driver responsible for the accident, the vehicle's license plate number, and the name and address of the vehicle owner.
5. The name and address of the investigating traffic police officer, law enforcement agency, or relevant government body.
6. The amount of compensation to be paid under the claim.
7. Based on subsection 7, the amount of the claim must include the following details:
 - a. *Total coverage*: The overall claimable amount.
 - b. *Medical services*: Amount paid and any remaining balance.
 - c. *Bodily injury*: Amount paid and any remaining balance.
 - d. *Death Compensation*: Amount paid and any remaining balance.
 - e. *Other expenses*: Any additional payments.
 - f. *Total payment*: The final compensation amount.
8. In addition to the claim registration system outlined in subsections 1-8, the service must record the claims using a digital system prepared specifically for this purpose.

19. Claims Registration System for Unknown Vehicles

The claims registration system for accidents involving unknown vehicles must include the following details:

1. *Date of registration*: The date the accident or claim was recorded in the service's registration system.
2. *Claim record number*: The unique identifier for the claim.
3. *Abbreviated notation*: The claim must follow the format YA/REG/000/GC, where:
 - a) YA: Means "Unknown Vehicle."
 - b) REG: Indicates the region where the accident occurred.
 - c) 000: Represents the claim registration number.
 - d) GC: Denotes the Gregorian calendar year.
4. *Details of the injured party*: Name of the injured individual, the date of the accident, and the accident location.
5. *Reporter information*: Name, address, and details of the person, organization, or institution that reported the accident.
6. *Investigating authority*: Name and address of the traffic police, law enforcement, or government body that investigated the accident.
7. *Claim payment amount*: The amount allocated for the claim.
8. *Payment breakdown*: Based on subsection 7, the claim amount must include the following details:
 - a) *Total coverage*: Overall amount claimed.
 - b) *Medical expenses*: Amount paid and remaining balance.
 - c) *Bodily injury*: Amount paid and remaining balance.
 - d) *Death Compensation*: Amount paid and remaining balance.
 - e) *Other payments*: Any additional expenses.
 - f) *Total payment*: The final compensation amount

9. *Digital system registration:* In addition to the claims registration system outlined in points 1–8, the service must record all claims using the digital system specifically designed for this purpose.

20. Conditions Considered During Accident Investigation

1. In cases where an accident involves an unidentified vehicle or a vehicle without insurance coverage, the victim, any eligible claimant, or a medical institution must request a report related to the accident investigation from the traffic police, police, or any government entity. The request must be made in writing and confirm the entity's obligation to provide the report.
2. If the claimant submits the accident investigation report, the entity that issued the report must be formally requested, via a written letter, to confirm the report.
3. If complexities arise in the case of an accident due to various factors, the following steps can be taken:
 - a) Assign an employee from the Post-Traffic Accident and Emergency Services Department to handle the accident evaluation process.
 - b) Alternatively, appoint a professional from a private emergency services company to assess the circumstances of the accident.
4. For the professional assigned under subsection 3 to evaluate the accident's circumstances, the service fee will be determined through negotiation based on the nature of the situation, the emergency industry's experience, and established procedures.

21. Timeframe for Conducting Accident Investigation or Evaluation

The accident investigation report and evaluation process must be completed within 10 working days, except in exceptional circumstances. While the timeframe may vary depending on the distance to the accident site, it should not exceed this limit under normal conditions.

22. Requesting Supporting Documents for Compensation Claims

1. The Post-Traffic Accident Rescue Service Department requires supporting documents to be submitted for compensation claims under investigation. Claimants or their representatives were given one month to provide the documents. If necessary, an extension beyond one month may be granted, but claimants are expected to submit the documents within the stipulated timeframe.
2. If the service does not receive a response within the specified timeframe after sending the first notification letter to claimants, it will issue a second reminder letter. This letter will request the submission of the required documents and will set a new deadline following the initial deadline.
3. If the second reminder letter does not elicit a response, the service will issue a third and final notification to the claimant or their representative, reiterating the request for the submission of supporting documents.
4. If the required documents are not submitted within the deadline specified in the third notification, the service will review the compensation claim based on the available information. A report summarizing the findings will be prepared and submitted, along with the case file, to the Head of Post-Traffic Accident Services and Rescue Management and the Chief Executive Officer for a final decision.

23. Providing Responses to Claimants and Compensation Applicants

1. When an accident is reported or a compensation claim is submitted, the service must confirm receipt within one day. It must review the required documents and provide a written response.
2. If the accident investigation report, evaluation process, or other complexities arise, the service must issue a written response to the compensation claim within one month of submission.
3. The service must verify that the evaluation procedure has been finished and guarantee that the compensation payment is performed within five working days if the claim is legitimate.

24. Submission of Compensation Claims

1. Compensation claims for personal injuries caused by an unidentified or uninsured vehicle can be submitted directly by the injured party or through their representative.
2. The deceased's legal beneficiaries can submit compensation claims for fatalities caused by an unidentified or uninsured vehicle directly or through their representative, based on the loss of benefits incurred due to the death.

25. Types of Damages

1. Accidents caused by unidentified or uninsured vehicles result in the following types of damages:
 - a) Temporary bodily injury
 - b) Permanent partial bodily injury
 - c) Permanent total bodily injury
2. For this directive, "fatal accident" means a death caused by bodily injury resulting from an accident involving an unidentified or uninsured vehicle.
3. For this directive, "bodily injury" means any physical harm inflicted on the victim by an unidentified or uninsured vehicle.

4. "Temporary bodily injury" means physical harm that temporarily prevents the victim from performing their usual work either fully or partially due to the accident.
5. "Permanent partial bodily injury" means physical harm that permanently reduces the victim's ability to perform their usual work and is irreversible.
6. "Permanent total bodily injury" means irreversible physical harm inflicted on any part of the victim's body, resulting in complete loss of functionality.

26. Supporting Documents Required for Compensation Claims Related to Bodily Injury and Death

1. The following supporting documents must accompany a compensation claim for temporary bodily injuries:
 - a) Medical Certificate from a certified healthcare provider.
 - b) Prescription Evidence issued by the treating physician.
 - c) Receipts for Medication and Medical Expenses with legal validation.
 - d) Income Statement to demonstrate the claimant's financial situation.
 - e) Proof of Identity of the claimant.
 - f) Police Report related to the incident.
 - g) Receipts for Additional Expenses incurred due to the injury.
2. If the required prescription evidence (mentioned in 1. b) cannot be submitted, the treating institution or pharmacy must provide a detailed report of the claimant's medical expenses.
3. In addition to the documents listed under section 1, claims for permanent or total bodily injuries must include Medical Board Certification as supporting evidence.

4. The claimant must substantiate future injury-related claims with legal documentation. The evidence must verify both the current and potential future impacts of the injury on the claimant.
5. Compensation claims for death must be submitted with the following supporting documents:
 - a) Postmortem Report or Autopsy Certificate issued by a certified physician.
 - b) Court Decision verifying the legal heirs of the deceased.
 - c) Relationship and Age Verification Documents of the heirs with the deceased.
 - d) Income Statement of the deceased.
 - e) Death Certificate of the deceased.
 - f) Identification Documents of both the deceased and their legal heirs.
 - g) Police Report related to the death incident.

27. Compensation for Damage

In the context of determining compensation for damages, the following considerations must be taken into account:

1. For individuals who have sustained bodily injuries, compensation is determined based on clear evidence of the incurred damages, including medical expenses, lost income, time spent in recovery, and other related expenses.
2. For individuals with permanent physical injuries, the compensation is assessed based on the income they are likely to lose or the expenses they will incur in the future. Factors such as the victim's age, reduction in their ability to perform regular work (as documented by a medical board), and other relevant factors are considered.
3. If the damage results in death, the dependents of the deceased are compensated for their loss. This involves assessing the deceased's

- income, the age of the deceased and their dependents, and the financial support the dependents would have received from the deceased.
4. If the injured person or the dependents of the deceased cannot legally substantiate the loss of future income, the compensation is calculated based on the national average living wage at the time, considering the productive age of the injured or deceased individual.
 5. Once the necessary evidence is submitted, and the compensation request is approved, the damage assessment is reviewed in collaboration with the Post-Traffic Accident Emergency Service Desk Manager and the Post-Traffic Accident Management and Emergency Operations Manager. An analysis of the findings and recommendations is compiled into a brief report, which is submitted to the Compensation Payment Committee for approval.
 6. The committee approves the determined compensation amount. The Post-Traffic Accident Emergency Service Desk Manager will then communicate the compensation amount and the method of determination to the beneficiaries transparently.
 7. If the beneficiaries agree to the proposed compensation amount as communicated by the Post-Traffic Accident Emergency Service Desk Manager, the compensation payment request is submitted to the relevant approving body for final authorization.
 8. If the beneficiaries do not agree with the proposed compensation amount, their complaints are forwarded to the head of the service for resolution, through either verbal discussion or written clarification, as applicable.

28. Compensation Payment Committee

1. The Compensation Payment Committee oversees the following roles within the service:
 - a) The Manager of Post-Traffic Accident Services and Emergency Operations, acting as both a proposer and reviewer.
 - b) A member of the Strategic Affairs Executive Team.
 - c) A member of the Legal Services Executive Team.
 - d) The Desk Officer for Post-Traffic Accident Emergency Services, serving as a member and secretary.
2. The Desk Officer for Post-Traffic Accident Emergency Services prepares and evaluates the submitted compensation request before presenting it to the Manager of Post-Traffic Accident Services and Emergency Operations for review.
3. The Manager of Post-Traffic Accident Services and Emergency Operations and the Compensation Payment Committee finalize and approve the evaluation, then submit it to the Chief Executive Officer of the service.
4. The Chief Executive Officer ensures the accuracy of the compensation request and approves its execution.
5. The completed and evaluated compensation form is submitted to the Compensation Payment Committee through the Manager of Post-Traffic Accident Services and Emergency Operations.
6. For compensation amounts exceeding the limits specified in Section 7 of Sub-Article 3 in the referenced table, the Compensation Payment Committee or the relevant body must approve the payment.
7. Compensation payments not covered under Sub-Article 6, specifically, those listed under Sub-Articles 1 and 2 in the referenced table, will be determined by the Desk Officer for Post-Traffic Accident Emergency Services and the Manager of Post-Traffic Accident Services and Emergency Operations.

No.	Type of Compensation Request	H.1 (ETB)	H.2 (ETB)	H.3 (ETB)	H.4 (ETB)
I.	Emergency Medical Expenses				
	Per person compensation request	Up to 1,000			
	Per accident	Up to 3,000	Up to 6,000	Up to 10,000	Over 10,000
II.	Medical Expenses				
	Per person Compensation request	Up to 5,000	Up to 10,000	Up to the limit	
	per accident	Up to 10,000	Up to 20,000	Up to 30,000	Over 30,000
III.	Bodily Injury				
	Per person Compensation request	Up to 10,000	Up to 20,000	Up to the limit	
	per accident	Up to 20,000	Up to 50,000	Up to 100,000	Over 100,000
IV.	Death Accident (Per Person)	Up to 10,000	Up to 20,000	Up to the limit	
V.	Compensation Request Per Accident	Up to 20,000	Up to 50,000	Up to 100,000	Over 100,000

8. Regarding compensation payments, the Regional and City Administration Transport Bureau, through the head of the Post-Traffic Operations Department, facilitates the establishment of a

Compensation Payment Committee with the mediation of the Director-General.

29. Regarding Compensation Payments

1. The Post-Traffic Accident Service Desk for the Road Traffic Accident Service is responsible for ensuring that the compensation for damages is based on the established responsibility, following the compensation agreement. This process will be coordinated with the relevant department to ensure proper handling of the payment.
2. Based on this regulation, compensation requests for registered payments must be processed through the appropriate account statements. Compensation checks and vouchers should be prepared and submitted to the concerned entity.
3. For this section, a copy of the compensation check and voucher along with the identification document should be submitted immediately. The payment will be processed on the same working day.
4. The records of the completed compensation payments will be forwarded to the Road Traffic Accident Service Desk for proper handling.
5. Those who have received compensation payments will be required to complete the injury verification form as part of the process.

30. Refund of Compensation Payments

1. The Post-Traffic Accident Service Desk for the Road Traffic Accident Service will ensure that any compensation payments made by victims are refunded according to the legal obligations, with coordination from the legal service department.
2. A registration system will be established to record the details of the compensation paid by the service.

3. Based on this article sub article 2 the established system will ensure that refunds for the compensation are processed promptly, immediately, and with proper tracking and follow-up.
4. For vehicles not registered, the responsible party must be notified through a written notice regarding the damage caused. They will be required to initiate the refund process for the compensation.
5. For unregistered vehicles involved in the accident, the service must send a notification to the traffic police or law enforcement authorities. If the vehicle's ownership is identified, the refund procedure will begin with a written notice.
6. The service will track refunds based on the guidelines provided in sections 4 and 5, and failure to meet the established deadlines will result in legal action and supervision.

Sub Part TWO

Detailed Situation of the Distribution of Compensation by the Service Providers

31. Detailed Procedure for the Implementation of Compensation Distribution by Service Providers

1. The service providers are required to submit the necessary supporting documents, including the compensation papers for the vehicles involved in accidents, as specified in sections 1 through 5 of Section 26 of this regulation, either by direct submission or through relevant intermediaries.
2. The service providers must take necessary actions to address the identified damages, as outlined in sections 1 through 4 of Section 27, within the framework of compensation procedures.
3. The service providers must, in coordination with the insurance companies and the industry association, ensure that the detailed situation of the

compensation process is formally documented and shared with the public to ensure transparency.

Part 5

Third-Party Vehicles Not Required Having Insurance on the Road

32. Vehicles Not Obligated to Carry Third-Party Insurance

1. Vehicles used by the Ministry of Defense for national defense and security operations, either on the main roads or on routes outside the main highways, are not required to carry third-party insurance as per this regulation.
2. If it is necessary for the Ministry of Defense to provide a list of vehicles that are eligible for third-party insurance, the Ministry will inform the relevant authorities regarding road safety and insurance services.
3. Vehicles that are exempt from the obligation to carry third-party insurance and are involved in accidents must bear the responsibility for damages caused based on the results of the accident, and they must adhere to the compensation rules.
4. Vehicles that are allowed to operate without third-party insurance are not required to have a digital insurance certificate but must still comply with the regulations for vehicle operations and accident responsibilities.
5. If applicable, the Ministry of Defense may issue a special identification or documentation for these vehicles involved in activities outlined in this section.

33. Distribution System

Based on the provisions of Section 32 of this regulation, if the Ministry of Defense has exempted vehicles from third-party insurance, an agreement must be made between the Ministry and the service provider regarding the payment obligations related to those vehicles, as per the terms of the service.

34. Payment Execution

If a vehicle exempted from third-party insurance by the Ministry of Defense is involved in an accident, and it is determined that third-party insurance should apply, the Ministry will be responsible for paying the amount that would have been due for third-party liability. The amount to be paid will be based on the service fees for the relevant service.

Part 6

Responsibilities and Liabilities of Stakeholders

35. Service Operations and Responsibilities

1. The regulations and the directives issued to implement this service must be complied.
2. The management system for digital third-party insurance will ensure practical implementation, monitoring, and control.
3. Based on Section 20 of the regulation, it will be ensured that accident victims involving vehicles are compensated for damages.
4. For damages resulting from vehicle accidents, the Ministry will collect information on fatalities, physical injuries, and property damage. This data will support research to improve operational procedures and provide feedback for improvements.

36. Responsibilities of Insurance Providers

1. Any third-party insurance provider responsible for offering insurance must comply with the obligation to provide coverage under the digital technology-based third-party insurance system, ensuring that the insurance premiums are collected based on the established regulations.
2. Any insurance provider must confirm that the income from the additional 10% surcharge on the basic premium collected for the digital third-party insurance system is accurate.
3. The insurance provider must ensure that the income for insurance coverage is submitted before the expiration of the insurance policy as stipulated by the digital system.
4. If the insurance policy has expired without the required insurance coverage being provided, the insurance provider must report the income to the relevant authorities, including traffic police and regional transportation inspectors.
5. Based on the regulations and guidelines issued, the insurance provider is responsible for ensuring the effective implementation of payment settlements and coverage enforcement.

37. Responsibilities of Police or Traffic Police

1. Whenever a vehicle accident occurs, the traffic police must complete the prepared road traffic accident management system form or the form provided by the insurance provider, and send the relevant information to the concerned body.
2. Under the digital third-party insurance management system, the traffic police must ensure that vehicles involved in serious accidents either have or do not have valid insurance coverage. This must be monitored and controlled accordingly.

3. Any individual found violating the regulations and guidelines stipulated by the law and causing any damage or offense must be held accountable and dealt with according to the law.
4. Based on Article 13 of the regulations, if a driver does not possess a digital insurance certificate or valid insurance coverage, the traffic police are authorized to detain the vehicle until the digital insurance certificate is presented, and they must inform the relevant service provider.

Part 7

Various Directives

38. Repealed directives

1. The provisions of the Vehicle Accident Third Party Insurance Directive No. 559/2000 shall not apply to the matters addressed by this directive.
2. The third-party insurance contract and policy enforcement directive (No. 656/2013) was repealed in this directive.

39. Regarding the Amendment of the Guideline

The Ministry whenever necessary can amend this directive.

40. When the Directive Becomes Effective

This directive will be effective as of the date it is approved by the Ministry of Transport and Logistics.

July 6, 2016

Ministry of Transport and Logistics