

1. FORM I
[Paragraph 20 (1)]

FORM OF APPLICATION FOR COMPENSATION FROM HIT AND
RUN COMPENSATION FUND

I, _____, son*/daughter*/widow* of Shri
_____ residing at _____
_____ having
been grievously injured in motor vehicle accident hereby apply for
grant of compensation for the grievous injuries sustained.
Necessary particulars in respect of the injury sustained by me are
given below:-

OR

I, _____, son of/daughter of/widow of* Shri
_____ residing _____ at

_____ hereby apply as a
legal representative for the grant of compensation on account of
death/ injuries sustained by Shri/Shrimati/Kumari
_____ son of/daughter of/widow* of Shri
_____ who died/had sustained injuries in
a motor vehicle accident on _____ at _____.
Particulars in respect of accident and other information are given
below: —

1. Name and father's name of person injured / dead (husband's
name in case of married woman or widow):
2. Address of the person injured/dead:
3. Age: _____ Date of Birth: _____
4. Sex of the person injured/dead: _____

5. Aadhaar Number of the claimant in case of grievous hurt or Aadhaar Number of legal representative.
6. Copy of Passbook of the bank account of person injured/ legal representative of the deceased.
7. Place, date and time of the accident:
8. Occupation of the person injured/dead:
9. Nature of injuries sustained:
10. Name and address of Police Station in whose jurisdiction accident took place or was registered:
11. Name and address of the Hospital/Medical Officer/Practitioner who attended on the injured/dead:
12. Name and address of the claimant/claimants:
13. Relationship with the deceased:
14. Copy of bill given by the Hospital which has provided cashless treatment as per Scheme framed under section 162 of the Act.
15. Any other information that may be considered necessary or helpful in the disposal of the claim:

I hereby swear and affirm that all the facts noted above are true to the best of my knowledge and belief.

SIGNATURE OF THE CLAIMANT

*Strike out whichever is not applicable.

FORM II

[Paragraph 21 (2) (b)]

**CLAIMS ENQUIRY REPORT TO BE SUBMITTED BY THE CLAIMS ENQUIRY
OFFICER TO THE CLAIMS SETTLEMENT COMMISSIONER**

1. Name and address of the person dead/injured:
2. Place, time and date of the accident:
3. Particulars of the Police Station in which the accident was registered:
4. Particulars of the Hospital/ Medical Officer/ Practitioner who examined the dead/injured:
5. Particulars of persons summoned and examined:
6. Whether the fact of death/injury by hit and run motor accident has been established or not and the reason for coming to that conclusion:
7. The name and address of claimant(s) eligible for payment of compensation:
8. Amount spent on cashless treatment of the victim.
9. The amount of compensation recommended for payment to the claimant. (In case of more than one claimant the amount each one of the claimants is eligible for, and the reasons thereof shall be specified).
10. Any other information or records relevant or useful for the settlement of the claim.

*Signature, designation
of the Claims Enquiry Officer.*

Seal:
Date:

FORM III
[Paragraph 22 (1)]

Serial No _____
Claims Settlement Commissioner
District _____

ORDER

I hereby sanction Rs. _____ (Rupees _____
only) as compensation in respect of the death of _____
(Name of deceased) /grievous hurt to _____
(Name of the injured) resulting from hit and run motor accidents which took place
at _____ (Name of place) on _____ (Date) to
Shri/Shrimati/Kumari _____ (Name of person to
whom payment is to be made) as legal representative of the deceased
(_____) or to _____ (Name of injured).

Claims Settlement Commissioner

CC to: —

1. Trust and General Insurance Council
2. The Claimant;
3. Motor Vehicles Accident Claims Tribunals;
4. Claims Enquiry Officer;
5. Member - Secretary of the Standing Committee.

FORM IV
[Paragraph 20(1)]

UNDERTAKING FOR REFUND OF CLAIM

(Under section 163 of the Motor Vehicles Act, 1988)

I/We _____ as legal representative(s) of the deceased/ injured _____ hereby give undertaking that I/we shall refund the amount of compensation that may be awarded to me/us under section 161 of the Act, to the Hit and Run Compensation Fund of the Motor Vehicle Accident Fund in case I/we am/are awarded any other compensation or amount in lieu of or by way of satisfaction of a claim for compensation in respect of death or grievous hurt to _____ under any other provisions of the Motor Vehicles Act, 1988 or any other law for the time being in force or otherwise.

*Signature of the legal representative
of the deceased/injured person.*