

**PROCEDURE FOR INVESTIGATION  
OF MOTOR VEHICLE ACCIDENTS UNDER  
CENTRAL MOTOR VEHICLES (FIFTH AMENDMENT) RULES, 2022  
EFFECTIVE FROM 1<sup>ST</sup> APRIL, 2022**

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PROCEDURE FOR INVESTIGATION  
OF MOTOR VEHICLE ACCIDENTS  
UNDER CENTRAL MOTOR VEHICLES (FIFTH AMENDMENT)  
RULES, 2022  
EFFECTIVE FROM 1<sup>ST</sup> APRIL, 2022

1. *Investigation of road accident cases by the Police*

Immediately on receipt of the information of a road accident, the Investigating Officer of Police shall inspect the site of accident, take photographs/videos of scene of the accident and the vehicle(s) involved in the accident and prepare a site plan, drawn to scale, as to indicate the layout and width, etc., of the road(s) or place (s), as the case may be, the position of vehicle(s), and person(s) involved, and such other facts as may be relevant. In injury cases, the Investigating Officer shall also take the photographs of the injured in the hospital. The Investigating Officer shall conduct spot enquiry by examining the eyewitnesses/bystanders.

2. *Intimation of accident to the Claims Tribunal and Insurance Company within forty-eight (48) hours*

The Investigating Officer shall intimate the accident to the Claims Tribunal within forty-eight (48) hours of the accident, by submitting the *First Accident Report (FAR)* in *Form-I*. If the particulars of insurance policy are available, the intimation of the accident in *Form-I* shall also be given to the Nodal Officer of the concerned Insurance Company of the offending vehicle. A copy of *Form-I* shall also be provided to the victim(s), the State Legal Services Authority, Insurer and shall also be uploaded on the website of State Police, if available.

3. *Rights of victims of Road Accident and Flow Chart of the Scheme mentioned in Form II to be furnished by the Investigating Officer to the Victim(s)*

The Investigating Officer shall furnish the description of the rights of victim(s) of road accidents and flow chart of the Scheme mentioned in *Form-II*, to the victim(s), or their legal representatives, within ten (10) days of the accident. The Investigating Officer shall also file a copy of *Form-II* along with the *Detailed Accident Report (DAR)*.

4. *Driver's Form to be submitted by the driver to the Investigating Officer*

The Investigating Officer shall provide a blank copy of **Form-III** to the driver of the vehicle(s) involved in the accident and the driver shall furnish the relevant information in **Form-III** to the Investigating Officer, within thirty (30) days of the accident.

5. **Owner's Form to be submitted by the owner**

The Investigating Officer shall provide a blank copy of **Form-IV** to the owner(s) of the vehicle(s) involved in the accident and the owner(s) shall furnish the relevant information in **Form-IV** to the investigating Officer, within thirty (30) days of the accident.

6. **Interim Accident Report (IAR) to be submitted by the Investigating Officer to the Claims Tribunal**

The Investigating Officer shall submit **Interim Accident Report (IAR)** in **Form-V** to the Claims Tribunal within fifty (50) days of the accident. The IAR shall be accompanied with the documents mentioned therein, and a copy of the IAR along with the documents shall be furnished to the Insurance Company of the vehicle(s) involved in the accident, the victim(s)/ claimant, State Legal Services Authority, the Insurer and General Insurance Council.

7. **Verification of the Driver's Form and Owner's Form by the Investigating Officer and Insurance Company**

The Investigating Officer as well as the Insurance Company of the vehicle(s) involved in the accident shall verify the information and documents provided in **Form-III** and **Form-IV**, and shall verify the authenticity of the documents furnished through information available on **VAHAN** or by obtaining confirmation in writing from the Registration Authority/person purported to have issued the same or by such further investigation or verification, as may be deemed necessary. The Investigating Officer shall file the **Verification Report** in **Form-X** before the Claims Tribunal along with the **Detailed Accident Report (DAR)**.

8. **Victim's Form to be submitted by the victim(s) to the Investigating Office**

The Investigating Officer shall provide a blank copy of **Form-VI** to the victim(s), or their legal representatives, in the accident and they shall furnish the relevant information and attach the relevant documents in **Form-VI** to the Investigating Officer, within sixty (60) days of the accident.

9. **Victim's Form to be submitted by the victim(s) in respect of minor children**

In case of any minor child/children of the victim(s) of the accident, the Investigating Officer shall provide blank Form-VIA to the victim(s), who shall fill up the relevant information/attach the relevant documents and submit the same to the Investigating Officer within sixty (60) days of the accident. Thereafter, the Investigating Officer shall send the copy of the Victim's **Form-VI** and **VIA** along with DAR to Child Welfare Committee, within thirty (30) days of receiving the aforesaid **Form-VI** and **VIA** from the victim(s). The Committee shall ascertain if the child is in Need of Care and Protection as per the provisions of the Juvenile Justice (Care and Protection of Children) Act, 2015. The Investigating Officer shall also send copies of **Form-VI** and **VIA** along with the DAR to the State Legal Services Authority to assign a lawyer to assist the child/children to avail their legal remedies/rights, including education, within thirty (30) days of receiving the aforesaid **Form-VI** and **VIA** from the victim(s).

10. **Verification of the Victim's Forms by the Insurance Company**

The Investigating Officer shall furnish a copy of **Form-VI** and **VIA**, along with the documents, to the Insurance Company of the vehicle(s) involved in the accident along with the DAR, and the Insurance Company shall verify the information and documents furnished by the victims within thirty (30) days from the date of the receipt of the DAR.

11. **Investigation of the criminal case to be completed by the police within sixty (60) days of the accident**

The Investigating Officer shall complete the investigation of the criminal case and file the Report under Section 173 of the Code of Criminal Procedure before the concerned criminal court within sixty (60) days of the accident, and shall submit a copy of the said report along with the DAR submitted before the Claims Tribunal.

12. **DAR to be submitted by the Investigating Officer before the Claims Tribunal**

The Investigating Officer shall complete the verification of the information and documents further in this Annexure, and submit the DAR in **Form-VII** to the Claims Tribunal, within ninety (90) days from the date of the accident. The DAR shall be accompanied with the following documents:

- (a) Site Plan as per ***Form-VIII***;
- (b) Mechanical Inspection Report as per ***Form-IX***;
- (c) Verification Report as per ***Form-X***;
- (d) Report under section 173 of the Code of Criminal Procedure, 1973 (2 of 1974).

**13. Copy of DAR to be submitted to victim(s), owner/driver of the vehicle(s) involved in the accident, the Insurance Company and the State Legal Service Authority**

The Investigating Officer shall furnish a copy of the DAR to victim(s) of the accident, owner/driver of the offending vehicle. The investigating Officer shall also furnish a copy of the DAR along with all the relevant documents to the Nodal Officer of the Insurance Company, General Insurance Council and the State Legal Services Authority.

**14. Investigating Officer may seek necessary directions from the Claims Tribunal**

If the driver(s), owner(s), Insurance Company and/or claimant(s) fail to disclose any relevant information and/or documents required under this Annexure, the Investigating Officer may seek necessary directions from the Claims Tribunal. The Claims Tribunal may thereafter direct the parties in default to submit the requisite information along with the relevant documents as per this Annexure directly with the Claims Tribunal within fifteen (15) days.

**15. Duty of the Registering Authority to verify the documents**

The Registering Authority shall verify the registration certificate, driving licence, fitness and permit in respect of the vehicle(s) involved in the accident within fifteen (15) days of the application being made by the Investigating Officer.

**16. Duty of the hospital to issue MLC (Medico Legal Case) and Post-mortem Report**

The concerned hospital shall issue the MLC and Post-Mortem Report to the Investigating Officer within fifteen (15) days of the accident.

**17. Extension of time to file IAR and DAR**

Where the Investigating Officer is unable to file the IAR within fifty (50) days and/or the DAR within ninety (90) days for reasons beyond his control, such as in cases of hit and run accidents; cases where the

parties reside outside the jurisdiction of the Court; where the driving licence is issued outside the jurisdiction of the Court, or where the victim(s) has suffered grievous injuries and is undergoing continuous treatment, the Investigating Officer shall approach the Claims Tribunal for extension of time to file IAR or DAR, whereupon the Claims Tribunal shall extend the time as it considers appropriate in the facts and circumstances of each case.

**18. Examination of FAR, IAR and DAR by the Claims Tribunal**

The Claims Tribunal shall examine whether the FAR, IAR and the DAR are complete in all respects. If the DAR is complete in all respects, the Claims Tribunal shall fix a date for appearance of the driver(s), owner(s), claimant(s) and the eye witness(es) and the Investigating Officer shall produce them on the date so fixed. The Investigating Officer shall also intimate the date so fixed by the Claims Tribunal to the Nodal Officer of the Insurance Company and the Insurance Company shall ensure appearance on the date so fixed. If the FAR, IAR, and DAR are not complete, the Claims Tribunal shall direct the Investigating Officer to complete the same and shall fix a date for the said completion.

**19. Duty of the Investigating Officer to produce the driver(s), owner(s), claimant(s) and eye witness(es) before the Claims Tribunal**

The Investigating Officer shall produce the driver(s), owner(s), claimant(s) and the eye witness(es) before the Claims Tribunal, after the order of the Claims Tribunal that the DAR is complete in all respects. However, if the Investigating Officer is unable to produce the owner(s), driver(s), claimant(s) and eye-witness(es) before the Claims Tribunal on the date fixed by the Claims Tribunal for reasons beyond his control, the Claims Tribunal may issue notice to them to be served through the Investigating Officer for a date for appearance not later than thirty (30) days. The Investigating Officer shall give an advance notice to the Nodal Officer of the concerned Insurance Company about the date of filing of the DAR before the Claims Tribunal so that the nominated counsel for the Insurance Company can remain present on the first date of hearing before the Claims Tribunal.

**20. Duties of Police shall be construed to be part of State Police Act**



The duties of police enumerated above shall be construed as if they are included in the respective State Police Act and any breach thereof shall entail consequences envisaged in that law.

**21. Claims Tribunal shall treat DAR as a claim petition for compensation under sub-section (4) of section 166 of the Motor Vehicles Act, 1988**

(1) The Claims Tribunal shall treat the DAR filed by the Investigating Officer as a claim petition under section (4) of section 166 of the Motor Vehicles Act, 1988. However, where the Investigating Officer is unable to produce the claimant(s) on the first date of hearing, the Claims Tribunal shall register the DAR as a claim petition after the appearance of the claimant(s).

(2) Where the claimant(s) have filed a separate claim petition, the DAR may be tagged along with the claim petition.

(3) If the Report under section 173 of the Code of Criminal Procedure, 1973 (2 of 1974) has not been filed at the time of filing of the DAR, the Claims Tribunal may either wait till filing of the Report under Section 173 of the said Code of Criminal Procedure or record the statement of the eye witness(es) to satisfy itself with respect to the negligence before passing the award.

(4) The Claims Tribunal shall register the FAR as a Miscellaneous application and the IAR as well as DAR shall be taken on record in the same Miscellaneous application.

**22. Cases of rash and negligent driving**

The Claims Tribunal shall register the case under section 166 of the Motor Vehicles Act, 1988, if the DAR and in particular, the Report under section 173 of the Code of Criminal Procedure, 1973 (2 of 1974) has brought a case of rash and negligent driving. However, in cases where the DAR does not bring a charge of negligence or the claimant(s) choose to claim compensation on No-fault basis despite the charge of negligence, the Claims Tribunal shall register the claim as a case under section 164 of the Motor Vehicles Act, 1988.

**23. Duty of the Insurance Companies to appoint a Designated Officer within ten (10) days of the receipt of the copy of DAR**

Upon receipt of copy of the first intimation of accident (FAR), the Insurance Company shall appoint a Designated Officer for that case within ten (10) days. The Designated Officer shall be responsible for

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dealing/processing of that case and to pass a reasoned decision in writing with respect to the compensation payable to the claimant(s) in accordance with law.

**24. Duty of the Insurance Companies to appoint a Nodal Officer and intimate the State Police.**

All the insurance companies shall appoint a Nodal Officer and intimate the name, address, phone numbers/mobile numbers and e-mail address of their Nodal Officer to the State police and all the investigating officers of State police dealing with the investigation of motor accident claims shall send relevant forms and documents to the Nodal Officer by e-mail.

**25. Duty of Insurance Companies to verify the claim**

The Insurance Companies are duty bound to verify the correctness/genuineness of every claim. The Insurance Companies shall direct their own officer(s) or appoint an investigator or surveyor to verify the claim.

If the statements made in the DAR are found to be incorrect, the Designated Officer shall send the copy of the report of the surveyor/investigator to the Deputy Commissioner of Police concerned. If the Insurance Company, upon investigation, finds a case of fake accident, the Insurance Company shall be at liberty to file an application before the Deputy Commissioner of Police concerned to requisition the call detail record (CDR) of the driver of the offending vehicle.

**26. Form XI to be submitted by the Insurance Company before the Claims Tribunal within thirty (30) days of DAR**

If the liability to pay the compensation is not disputed, the Insurance Company shall take a decision as to the quantum of compensation payable to the claimant(s) in accordance with law within thirty (30) days of the date of intimation of the accident. The decision taken by the Designated Officer of the Insurance Company shall be a reasoned decision in writing, and be submitted before the Claims Tribunal in Form XI. If the Insurance Company does not admit the liability to pay the compensation, it shall disclose the grounds of defence in Form XI and shall file the copy of report of Surveyor/Investigator along with said form.

**27. Consent award to be passed where claimant(s) accepts the offer of Insurance Company**

The compensation assessed by the Designated Officer of the Insurance Company shall constitute a legal offer to the claimant(s) and if the said amount is fair and acceptable to the claimant(s), the Claims Tribunal shall pass a consent award and shall provide thirty (30) days' time from the date of receipt of the decree to the Insurance Company to deposit the award amount. However, before passing the consent award, the Claims Tribunal shall ensure that the claimant(s) are awarded just compensation in accordance with law. The Claims Tribunal shall ensure that the consent award is passed within six months from the date of accident.

**28. Claimant(s) to respond to the offer of the Insurance Company within thirty (30) days**

If the claimant(s) are not in a position to immediately respond to the offer of the Insurance Company, the Claims Tribunal shall grant them time not later than thirty (30) days to respond to the said offer.

**29. In case of non-settlement, the Claims Tribunal shall conduct an enquiry and pass an award within thirty (30) days**

If the offer of the Insurance Company is not fair or is not acceptable to the claimant(s) or if the Insurance Company has any defence available to it under law, the Claims Tribunal shall proceed to conduct an inquiry under sections 168 and 169 of the Motor Vehicles Act, 1988. The Claims Tribunal shall pass an award after hearing the parties, within nine months from the date of the accident.

**30. Cases where the Insurance Company disputes the liability**

If the Insurance Company disputes the liability to pay the compensation, it shall disclose the grounds of defence in Form-XI. If the Claims Tribunal considers the recording of evidence necessary, the Claims Tribunal shall conduct an inquiry in terms of sections 168 and 169 of the Motor Vehicles Act, 1988 to be completed within one year from date of accident. If the Claims Tribunal is unable to complete the inquiry within one year, it shall record reasons thereof in the award. The Claims Tribunal may direct the recording of the evidence by the Local Commissioner, if the Insurance Company is willing to bear the fees of the Local Commissioner.

**31. Duty of Claims Tribunal to elicit the truth**

Before passing the award on the basis of the DAR, the Claims Tribunal

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shall satisfy itself that the statements made in the DAR are true and shall satisfy itself with respect to the genuineness of the claim as well as all the relevant facts. The Claims Tribunal may consider examining the parties under section 165 of the Evidence Act, 1872 (1 of 1872).

**32. Examination of the claimant(s) before passing of the award**

(1) The Claims Tribunal shall, before or at the time of passing of the award, examine the claimant(s) to ascertain their financial condition/needs, mode of disbursement and amount to be kept in fixed deposits.

(2) The Claims Tribunal shall ensure that the following documents of the claimants are taken on record before the disbursement of the award amount: -

- (a) Aadhaar Card and PAN Card;
- (b) Details of the Aadhaar Linked Bank Account(s) of the Claimant(s) near the place of their residence along with the proper endorsement; and
- (c) Two sets of photographs and specimen signatures of the claimant(s).

**33. Written submissions to be filed by the parties before the Claims Tribunals**

In case written submissions are required to be filed, both the parties shall file the written submissions with respect to their computation of compensation before the Claims Tribunal in Form XIII for death cases and Form XIV for injury cases.

**34. Deposit of the award amount**

The respondent held liable to pay compensation by the Claims Tribunal shall give notice of deposit of the compensation amount to the claimant(s) and shall file a compliance report with the Claims Tribunal, either electronically or otherwise, with respect to the deposit of the compensation amount within fifteen (15) days of the deposit with the interest upto the date of notice of deposit to the claimant(s) with a copy to their counsel within thirty (30) days of the award.

**35. Disbursement of the award amount**

The mode of release of the award amount shall be as determined by the Claims Tribunal.

36. **Protection of the award amount**

The Claims Tribunal shall, depending upon the financial status and financial need of the claimant(s), release such amount as may be considered necessary and direct the remaining amount to be kept in fixed deposits to be released in a phased manner in accordance with Motor Accident Claims Tribunal Annuity Deposit Scheme stipulated in Form XIX.

37. **Claims Tribunal shall deal with the compliance of the provisions in the award**

The Claims Tribunal shall incorporate the summary of computation of compensation in the award in Form-XV for death cases and in Form-XVI for injury cases. The Claims Tribunal shall also incorporate the compliance of the procedure prescribed in this Annexure in Form XVII.

38. **The Claims Tribunal shall fix a date for reporting compliance**

(1) The Claims Tribunal shall fix a date for reporting of compliance with the procedure in this Annexure, and shall direct the Insurance Company, and/or driver/owner to place on record the proof of deposit of the compensation amount with upto date interest, the notice of deposit and the calculation of interest on the date so fixed. Upon such proof being filed, the Claims Tribunal shall ensure that the interest upto the date of notice of deposit has been deposited by the party concerned.

(2) If the award amount is not deposited within the stipulated period, the Claims Tribunal shall, after expiry of ninety (90) days from the date of an award, on an application by the Decree Holders in this regard, execute the award in accordance with sub-section (4) of sections 169 and section 174 of the Motor Vehicles Act, 1988.

(3) The Claims Tribunal shall execute its award in terms of the principles laid down by the Supreme Court in this regard, and if the award of the Claims Tribunal is stayed by the High Court in appeal, the Claims Tribunal shall close the matter with liberty to the claimant(s) to revive it after the decision of the appeal.

39. **Copy of the DAR as well as the award to be sent to the concerned criminal court**

The Claims Tribunal shall send a certified copy of the award to the

concerned criminal court. The Investigating Officer shall submit a copy of the DAR before the concerned criminal court within seven days of submitting the same before the Claims Tribunal. The Investigating Officer shall also submit the copy of the award passed by the Claims Tribunal before the concerned criminal court within seven days of the passing of the award.

**40. Copy of the award to be sent to the State Legal Services Authority**

The Claims Tribunal shall send the copy of the award to the State Legal Services Authority.

**41. Record of awards of the Claims Tribunal**

The record of the awards passed by the Claims Tribunals shall be maintained in a chronological order according to the date of the award in such a manner that it is easy for the litigants/lawyers to ascertain whether the compensation has been received or not. The format of the record of the awards shall be in *Form-XVIII*.

**42. Victim Impact Report (VIR) to be filed by State Legal Services Authority before the concerned criminal court**

After the conviction of the driver in the criminal case, the concerned criminal court shall send the copy of the judgment as well as the affidavit of the accused with respect to his assets and income to the State Legal Services Authority, and they shall conduct a summary inquiry and submit a *Victim Impact Report (VIR)* before the concerned criminal court within thirty (30) days of the conviction, as per *Form-XII*.

**FORM-I**

**FIRST ACCIDENT REPORT (FAR)**

By Investigating Officer to Claims Tribunal

Within 48 hours of the receipt of intimation of the Accident

Copy to Victim(s), Insurance Company and State Legal Services Authority (SLSA)

<b>FIR No.</b>	
<b>Date</b>	
<b>Under Section</b>	
<b>Police Station</b>	

1.	<b>Date of Accident</b>	
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2.	<b>Time of Accident</b>	
3.	<b>Place of Accident</b>	
4.	<b>Source of Information</b>	Driver/Owner Victim Witness Hospital Good Samaritan Police Others (Specify)
	<b>Name, mobile number &amp; address of the Informant</b>	
	Name	
	Mobile No.	
5.	<b>Nature of Accident</b>	Injury Fatal Damage/loss of property Any other loss/injury
	Number of Vehicles involved	
	Whether Registration Number of the Offending Vehicle known	Yes No
	Whether offending Vehicle impounded by the police	Yes No
	Whether the driver of the offending vehicle found on the spot	Yes No
	Number of Fatalities	
	Number of Injured	
	6.	<b>Details of the Hospital where victim(s) taken</b>
	Hospital Name	
	Address	
	Doctor's Name	
7.	<b>Availability of CCTV Footage</b> If yes, CCTV Footage be preserved and be filed with DAR	Yes No
8.	<b>Details of Owner(s), Driver(s) and Insurance of the Vehicle(s)</b>	
	<b>Details</b>	<b>Vehicle 1 (Offending vehicle)</b> <b>Vehicle 2</b>
	<b>Vehicle Details</b>	
	Vehicle Registration No.	
	<b>Driver Details</b>	
	Name of the Driver	
	Address of Driver	
	Mobile No. of Driver	
	<b>Owner Details</b>	
	Name of the Owner	
	Address of Owner	
	Mobile No. of Owner	
	<b>Insurance Details</b>	

	Insurance Policy No.		
	Period of Insurance Policy		
	Name of Insurance Company		
	Address of Insurance Company		
9.	<b>Details of Victim(s)</b>		
	<b>Name</b>	<b>Deceased /Injured</b>	<b>Address &amp; Contact Details</b>
	i.		
	ii.		
	iii.		
	iv.		
	v.		
vi.			
<b>10. Other Accident Details</b>			
i.	Reporting Date & Time		
ii.	Landmark		
iii.	Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury	
iv.	Count of	Injured	Death
	Drivers		
	Passengers		
	Pedestrians		
	Animal		
v.	Collision Type	Vehicle to Vehicle Vehicle to Pedestrian Vehicle to Bicycle Vehicle to Tricycle Vehicle to Animal Driven Cart Vehicle to Animal Skidding	
vi.	Collision Nature	Head on Collision Hit Parked Vehicle Hit tree Hit Fixed/Stationary Object Hit from Back Hit from Side Run off Road Overturn Skidding /Overturn Sideswipe Vehicle Fell in Gorge/Ditch/Well Vehicle Fell in River	



vii.	Initial Observation of accident scene	Non Provision of Parapets/Crash Barrier on Outer Curve Long Distance Covered/Driver Restless
		Fell Down From Vehicle Illegal Parking on Road Blind Bend / Curve Alcohol abuse Carrying people in loaded vehicle Changing lane without care Dangerous Overtaking Distraction to Driver Driving against flow of traffic Drugs Abuse High Speed Inattentive Turn Accident Due to road Condition Accident Due to Weather Condition Accident due to Heavy Traffic Non-respect of rights of way rules Red Light jumping Overloaded Accident due to Vehicle Defect Over speed while crossing Zebra crossing Over speed while crossing speed breaker
viii.	Weather Condition	Sunny / Clear Cloudy Light Rain Heavy Rain Flooding of Causeway / Rivulets Hail/ Sleet Snow Smoke/ Dust Strong WindCold Hot
ix.	Light Condition	Day Twilight Darkness with street lights on Darkness with poor street light Darkness-No street light
x.	Accident Spot	Residential Zone Market Zone

		Institutional Zone Open Commercial Zone School Zone College Zone Other Educational Institutional Zone (Specify) Govt. Institutional Zone Hospital Zone Industrial Zone Harbour Zone
xi.	Visibility	Less than 25 Meters 25 Meters 50 Meters 75 Meters 100 Meters and Above
xii.	Load Condition (1)	Excess Passengers Normally Loaded Empty Not Known
xiii.	Load Condition (2)	Excess Goods Goods Overheight Goods Rear Overhanging Goods Side Overhanging Normally Loaded Empty Not Known
xiv.	Road Classification	Expressway National Highway State Highway Major District Road Other District Road Village Road Arterial Road Sub Arterial Road Collector Road Local Road
xv.	Local Body	Corporation Municipality Panchayat

xvi. P.I.S./EMPLOYEE No. : \_\_\_\_\_

**S.H.O./I.O**

**Phone No. :** \_\_\_\_\_

**P.S. :** \_\_\_\_\_

**Date :** \_\_\_\_\_

Documents to be attached:

- i. Copy of FIR

Images/ Videos to be attached:

- i. Main Resting Place of Vehicle
- ii. Damage to Vehicle
- iii. Damage to Property
- iv. Obstructions of Objects on Road
- v. Junction/ Road Type
- vi. Road Surface
- vii. Skid Marks
- viii. Surroundings
- ix. Any feature which might have contributed to the accident
- x. Other Images
- xi. Other Vide

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**FORM-II**

**RIGHTS OF VICTIM(S) OF ROAD ACCIDENT AND FLOW CHART OF THE SCHEME MENTIONED  
BELOW**

**To be handed over by Investigating Officer to the  
Victim/Family Members/Legal Representatives within 10 days of the accident**

1. Right to immediate medical aid and treatment.
2. Right to copy of FIR.
3. Right to copy of First Accident Report (FAR) in Form - I.
4. Right to copy of Rights of Victim and Flow Chart of this Scheme in Form -II.
5. Right to copy of Driver's Form-III along with the documents.
6. Right to copy of Owner's Form-IV along with the documents.
7. Right to copy of Interim Accident Report (IAR) in Form-V along with the documents.
8. Right to blank copy of format of Victim's Form-VI and Form-VIA.
9. Right to copy of Detailed Accident Report (DAR) in Form-VII along with the documents.
10. Right to copy of Insurance Form-XI.
11. Right to copy of Report under section 173 of the Code of Criminal Procedure, 1973 (2 of 1974).
12. Right to copy of Victim Impact Report in Form-XII.
13. Right to copy of MLC and Postmortem Report.
14. Right to free legal aid from State Legal Services Authority.
15. Right to appear before the Claims Tribunal in person or through lawyer.
16. Right of a minor child/ children (18 years or below) of the victim to be referred to the Child Welfare Committee by the IO for Inquiry into their needs and status.
17. Right of a minor child/ children (18 years or below) of the victim to have the Child Welfare Committee conduct an Inquiry through the District Child Protection Officer into their well-being, medical needs, security, nutrition, etc.
18. Right of a minor child/ children (18 years or below) of the victim to get all benefits of Juvenile Justice (Care and Protection of Children) Act, 2015 in case the Child Welfare Committee returns a finding of a child being a Child in Need of Care and Protection (CNCP).
19. Right of such minor child/children of the Victim to be placed in a Children's Home in case both the parents died or the surviving parent is unable to take care of the child, as provided under the Juvenile Justice (Care and Protection of Children) Act, 2015.
20. Right to receive compensation under the Scheme for Motor Accident Claims formulated by the Delhi High Court.

Flow Chart of the aforesaid Scheme is attached herein.

**S.H.O./I.O**

**P.I.S./EMPLOYEE No. :** \_\_\_\_\_

**Phone No. :** \_\_\_\_\_

**P.S. :** \_\_\_\_\_

**Date :** \_\_\_\_\_

**Acknowledgement of the Victim/Family Members/Legal Representatives**

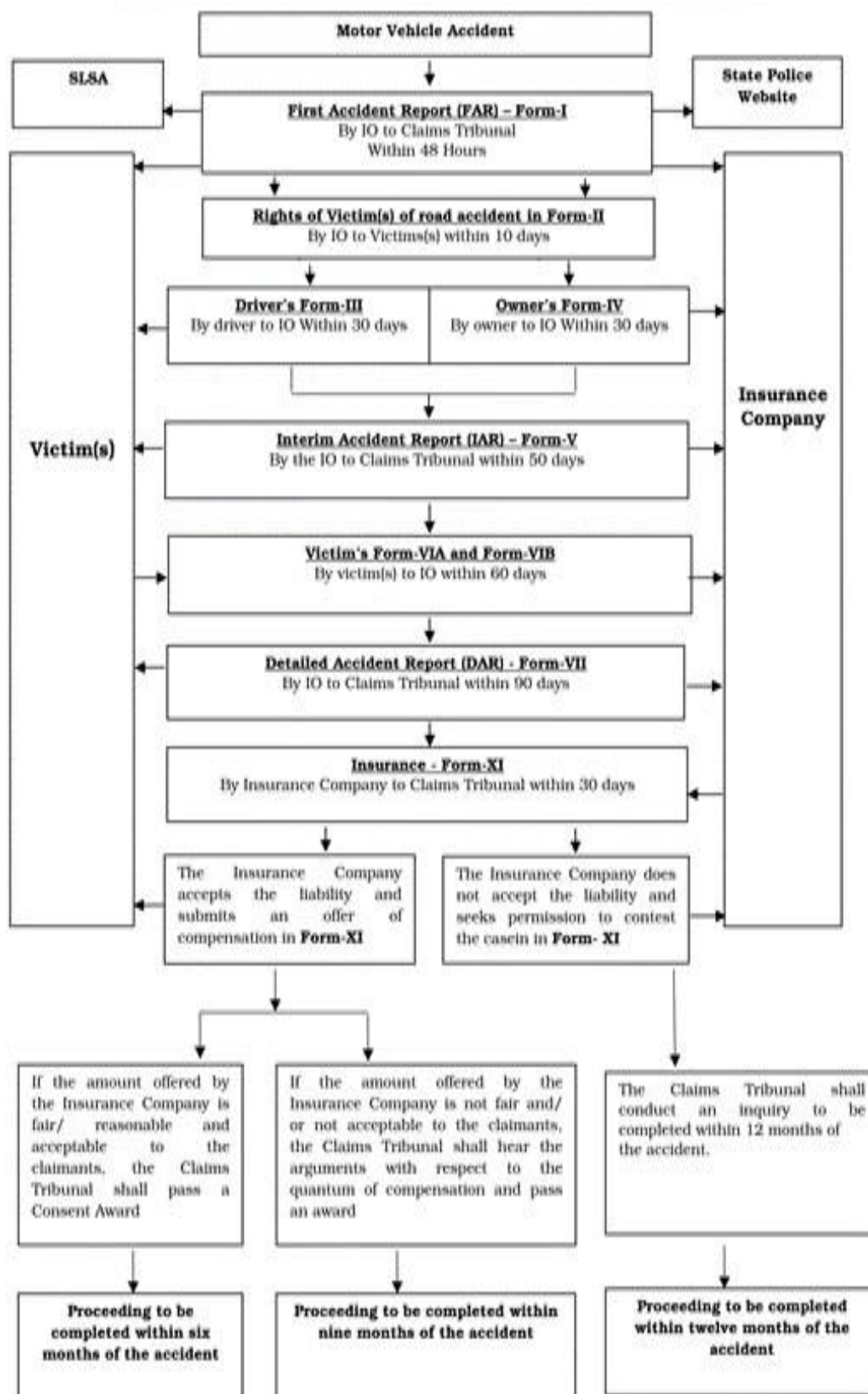
I have received this Form and the Flow Chart of the Scheme along with the copy of a blank Victim's Form-VI and Form-VIA.

\_\_\_\_\_  
**Victim/Family Members/Legal Representatives**

Date : \_\_\_\_\_

## FLOW CHART OF SCHEME FOR MOTOR ACCIDENT CLAIMS

### FLOW CHART OF SCHEME FOR MOTOR ACCIDENT CLAIMS



**FORM-III**

**DRIVER' FORM**

**By Driver of the vehicle(s) to Investigating Officer Within thirty (30) days of the Accident  
Copy to Victim(s) and Insurance Company**

<b>FIR No.</b>	
<b>Date</b>	
<b>Under Section</b>	
<b>Police Station</b>	

1.	<b>Driver Details</b>	
	Name	
	Father's Name	
	Mobile No.	
	Address	
2.	<b>Age/Date of Birth</b>	
3.	<b>Gender</b>	Male      Female      Other
4.	<b>Educational Qualifications</b>	Primary Senior Secondary Certificate Higher Secondary Certificate Graduate Postgraduate Doctorate Uneducated
5.	<b>Occupation</b>	Private Service Government Job Professional Agriculture Self-Employed Others
6.	<b>Monthly Income</b>	Rs.
7.	<b>Driving Licence</b>	Permanent Learner's Juvenile Without Licence Others (Specify)
8.	<b>Driving Licence No.</b>	
9.	<b>Period of Validity of Licence</b>	
10.	<b>Licensing Authority</b>	

11.	<b>Vehicle Registration No.</b>	
12.	<b>Vehicle Type</b>	
13.	<b>Owner Details</b>	
	Name	
	Mobile No.	
	Address	
14.	<b>Insurance Details</b>	
	Policy No.	
	Period of Policy	
	Name of Insurance Company	
15.	<b>Other details</b>	
i.	Nationality of Driver	Indian Foreigner
ii.	Occupation of Driver	Advocate Business Clerk Doctor Driver Engineer Farmer House Keeper Labourer Police Officer Politician Retired Officer Student Unemployed Vendor/ Small Business Owner Worker Other
iii.	Injury Type	Back Injury Buttocks Injury Chest Injury Face Hand Head Hip Knee

		Leg Neck Not Applicable Shoulders Injury Abdominal
iv.	Cell Phone Driving?	Yes No Not Known
v.	Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury
vi.	Seatbelt/ Helmet	Yes No Not Known
vii.	Drunk Driving	Yes No Not Known
viii.	Mode of Transport	108 Ambulance Not Hospitalized By Self Private Ambulance Private Vehicle
ix.	Hospitalization delay	<30 Minutes >30 Minutes <1 Hour >1 Hour > 2 Hours > 2 Hours Not Hospitalized
x.	Driving License Type	Known Unknown Without License LLR Not Applicable Juvenile

**Verification:**

Verified at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ that the contents of the above Form are true to my knowledge and the documents attached are true copies of their originals.

**Documents to be attached:**

- i. ID/address proof
- ii. Driving Licence
- iii. Insurance Policy



**FORM-IV**

**OWNER'S/ INSURED'S FORM**

**By Owner of the vehicle(s) to Investigating Officer Within thirty (30) days of Accident  
Copy to the Victim(s) and Insurance Company**

<b>FIR No.</b>	
<b>Date</b>	
<b>Under Section</b>	
<b>Police Station</b>	

<b>1.</b>	<b>Vehicle Details</b>	
	Registration No.	
	Colour	
	Make	
	Model	
	Year of Manufacture	
	Chassis No.	
	Engine No.	
	Registering Authority Name	
	Vehicle Type	Motorised 2-wheeler Auto Car/Jeep/Taxi Cycle Rickshaw Bicycle Hand Drawn Cart Tempo/Tractor Bus Truck/Lorry Animal Drawn Cart Heavy Articulated Vehicle/ Trolley Not Known Other (Specify)
Vehicle Use Type	Private Vehicle Commercial Vehicle Goods & Carriage Garbage Truck Taxi/Hired Vehicle	

		Public Service Vehicle Educational Institute Bus Others (Specify)
2.	<b>Owner Details</b>	
	Name <i>In case of a company, give name of person in-charge in terms of section 199 of the Motor Vehicles Act, 1988</i>	
	Father's Name	
	Mobile No.	
	Address	
	Occupation	
3.	<b>Driver Details</b>	
	Name	
	Father's Name	
	Mobile No.	
	Address	
	Driving Licence No.	
	Period of Validity	
	Licensing Authority	
4.	<b>Insurance Details</b>	
	Policy No.	
	Period of Policy	
	Name of Insurance Company	
	Address of Insurance Company	
	Details of previous Insurance Policy	
	Whether the vehicle previously involved in any MACT case? <i>If yes, give details of FIR and MACT case.</i>	
5.	<b>In case of commercial vehicle</b>	
	Permit details	
	Fitness details	
6.	<b>Whether the owner reported the accident to the Insurance Company</b>	Yes                      No
7.	Other details	
i.	Load Category	Passengers      Goods
ii.	Age of vehicle	

iii.	Vehicle Description	Transport Vehicle Non-transport Vehicle
iv.	Pollution under Control Certificate Validity	
v.	Tax Details	
vi.	Seat Capacity	
vii.	Insurance Company	

**Verification:**

Verified at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ that the contents of the above Form are true to my knowledge and the documents attached are true copies of their originals.

**Documents to be attached:**

- i. ID/address proof
- ii. Registration Certificate
- iii. Driving Licence of the Driver
- iv. Insurance Policy
- v. Permit
- vi. Fitness

## FORM-V

### INTERIM ACCIDENT REPORT (IAR)

**By Passenger(s) and Pedestrian(s) to Investigating Officer to Claims  
Tribunal Within fifty (50) days of Accident  
Copy to Victim(s) and Insurance Company and SLSA**

<b>FIR No.</b>	
<b>Date</b>	
<b>Under Section</b>	
<b>Police Station</b>	

1.	<b>Date of Accident</b>	
2.	<b>Time of Accident</b>	
3.	<b>Place of Accident</b>	
4.	<b>Offending Vehicle</b>	
	Registration No.	
	Vehicle Make	
	Vehicle Model	
5.	<b>Driver of the offending vehicle</b>	
	Name	
	Father's Name	
	Mobile No.	
	Address	
	Driving Licence	Permanent Learner's Juvenile Without License Others (Specify)
	Driving Licence No.	
	Validity of Licence	
	Licensing Authority	
	6.	<b>Owner of the offending vehicle</b>
Name		
Father's Name		
Mobile No.		
Address		
7.	<b>In case of commercial vehicle</b>	
	Permit details	
	Fitness details	
8.	<b>Insurance Details</b>	

	Policy No.	
	Period of Policy	
	Name of Insurance Company	
	Address of the Insurance Company	
9.	<b>Witness(es) to the accident</b>	
	<b>Witness-1:</b> Name	
	Mobile No.	
	Address	
	<b>Witness-2:</b> Name	
	Mobile No.	
	Address	
	<b>Witness-3:</b> Name	
	Mobile No.	
	Address	
	<b>Witness-4:</b> Name	
	Mobile No.	
	Address	
10.	<b>Brief description of the Accident</b>	
11.	<b>Details of compliance(s)</b>	
i.	Date of filing of First Accident Report (FAR)	
ii.	Date of uploading FAR on the website of Delhi Police	
iii.	Date of delivery of FIR and FAR to the Insurance Company	
iv.	Date of delivery of FIR, Form-II and FAR to the Victim(s)	
v.	Date of receipt of Form-III from the Driver	
vi.	Date of receipt of Form-IV from the Owner	
vii.	Date of delivery of Form-III and Form-IV to the Insurance Company	
viii.	Date of delivery of Form-III and Form-IV to the Victim(s)	
ix.	Whether the information/ documents of the driver/owner have been verified. <i>If yes, attach the Verification Report.</i>	Yes      No
12.	<b>Passenger details</b>	
i.	Gender	Male      Female      TG

ii.	Occupation	Advocate Business Clerk Doctor Driver Engineer Farmer House Keeper Labourer Police Officer Politician Retired Officer Student Unemployed Vendor/ Small Business Owner Worker Other
iii.	Severity	Fatal
		Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury
iv.	Injury Type	Back Injury Buttocks Injury Chest Injury Face Hand Head Hip Knee Leg Neck Not Applicable Shoulders Injury Abdominal
v.	Mode of Hospitalization	108 Ambulance Not Hospitalized By Self Private Ambulance Private Vehicle

vi.	Hospitalization Delay	<30 Minutes >30 Minutes <1 Hour >1 Hour > 2 Hours > 2 Hours Not Hospitalized
vii.	Education	Up to Standard 8 Standard 8 to 10 Plus 2 Diploma Graduate Post Graduate and above Uneducated
viii.	Passenger Position	Back Truck or Pick up Bus Passenger Front Seat Other Pillion Rider
		Rear Seat
ix.	Seatbelt/ Hemet	Yes    No    Not Known
x.	Passenger Action	Standing Sitting Boarding Falling Alighting
xi.	Nationality	Indian Foreigner
13.	Pedestrian Details	
i.	Gender	Male    Female    TG
ii.	Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury
iii.	Mode of Hospitalization	108 Ambulance Not Hospitalized By Self Private Ambulance Private Vehicle

iv.	Hospitalization Delay	<30 Minutes >30 Minutes <1 Hour >1 Hour > 2 Hours > 2 Hours Not Hospitalized
v.	Education	Up to Standard 8 Standard 8 to 10 Plus 2 Diploma Graduate Post Graduate and above Uneducated
vi.	Injury Type	Back Injury Buttocks Injury Chest Injury Face Hand
		Head Hip Knee Leg Neck Not Applicable Shoulders Injury Abdominal
vii.	Pedestrian Position	At the Pedestrian Crossing Within 50 meters of Pedestrian Crossing At the Traffic Island At the Footpath At the Shoulder of the Road At the Right Hand Side of the Road At the Centre of Road



viii.	Occupation	Advocate Business Clerk Doctor Driver Engineer Farmer House Keeper Labourer Police Officer Politician Retired Officer Student Unemployed Vendor/ Small Business Owner Worker Other
ix.	Nationality	Indian Foreigner

**S.H.O./I.O**

**P.I.S./EMPLOYEE No. :** \_\_\_\_\_

**Phone No. :** \_\_\_\_\_

**P.S. :** \_\_\_\_\_

**Date :** \_\_\_\_\_

**Documents to be attached:**

- i. First Accident Report (FAR)
- ii. Driver's Form-II along with documents submitted by the Driver
- iii. Owner's Form-III along with documents submitted by the Owner
- iv. Verification Report

**FORM-VI**

**VICTIM'S/ CLAIMANT'S FORM**

By Victim(s)/ claimant(s) and Medical Officer(s) to Investigating Officer within sixty (60) days of Accident  
Copy to Insurance Company and SLSA

<b>FIR No.</b>	
<b>Date</b>	
<b>Under Section</b>	
<b>Police Station</b>	

1.	<b>Date of Accident</b>	
2.	<b>Time of Accident</b>	
3.	<b>Place of Accident</b>	
4.	<b>Nature of case</b>	Simple Injury Grievous Injury Fatal Damage/loss of the property Any other loss/injury
5.	<b>Registration Number of the offending vehicle</b>	
6.	<b>Owner Details</b>	
	Name	
	Address	
7.	<b>Driver Details</b>	
	Name	
	Address	
8.	<b>Insurance Details</b>	
	Policy No.	
	Period of Policy	
	Name of Insurance Company	

**DEATH CASE**

9.	<b>Name of the deceased</b>	
10.	<b>Father's Name</b>	
11.	<b>Age / Date of Birth</b>	
12.	<b>Date of death</b>	
13.	<b>Gender of the deceased</b>	
14.	<b>Marital status of the deceased</b>	
15.	<b>Occupation of the deceased</b>	
16.	<b>If the deceased was employed, give the name and address of the employer</b>	
17.	<b>Income of the deceased</b>	

18.	<b>Whether the deceased was assessed to Income Tax</b> <i>If yes, file the copy of Income Tax Returns for the last three years</i>	Yes	No		
19.	<b>Whether the deceased was the sole earning member of the family</b>	Yes	No		
20.	<b>Details of medical treatment given to the deceased, prior to death. Give details of medical expenses incurred</b>				
21.	<b>Whether the victim got reimbursement of medical expenses from his employer or under a Mediclaim policy or under any government cashless treatment scheme or government insurance scheme</b> <i>If yes, provide details</i>				
22.	<b>Name, Age, Gender, Relation and Marital Status of Legal Representatives of the deceased</b>				
	<b>Name</b>	<b>Age / Date of Birth</b>	<b>Gender</b>	<b>Relation</b>	<b>Marital Status</b>
i.					
ii.					
iii.					
iv.					
v.					
vi.					
23.	<b>Name, Contact Number and Address of Legal Representatives of the deceased</b>				
	<b>Name</b>	<b>Contact Number</b>	<b>Present Address as well as Permanent Address</b>		
i.					
ii.					
iii.					
iv.					
v.					
vi.					
24.	<b>In case of children below the age of 18 years</b>				
	<b>Name of Child</b>	<b>Details of school and class of the child</b>	<b>Annual School fee</b>	<b>Approximate expenditure of the child</b>	
i.					
ii.					
iii.					
iv.					
v.					
vi.					
<b><u>INJURY CASE</u></b>					
25.	<b>Name of the Injured</b>				

26.	<b>Father's Name</b>			
27.	<b>Address of the Injured</b>			
28.	<b>Contact No. of Injured</b>			
29.	<b>Age / Date of Birth</b>			
30.	<b>Gender of the Injured</b>			
31.	<b>Marital status of the Injured</b>			
32.	<b>Occupation of the Injured</b>			
33.	<b>If the Injured was employed, give the name and address of the employer</b>			
34.	<b>Income of the Injured</b>			
35.	<b>Whether Injured assessed to Income Tax</b> <i>If yes, file the copy of Income Tax Returns for the last three years</i>		Yes	No
36.	<b>Nature and description of Injury</b>			
37.	<b>Medical treatment taken by the Injured</b>			
38.	<b>Name of hospital and period of hospitalization</b> Hospital Name Period of Hospitalization Doctor's Name			
39.	<b>Details of surgery(s), if undergone</b>			
40.	<b>Whether any permanent disability</b> <i>If yes, give details</i>		Yes	No
41.	<b>Details of the family of the Injured</b>			
	<b>Name</b>	<b>Age / Date of Birth</b>	<b>Gender</b>	<b>Relation</b>
i.				
ii.				
iii.				
iv.				
v.				
vi.				
42.	<b>In case of children below the age of 18 years</b>			
	<b>Name of Child</b>	<b>Details of school and class of the child</b>	<b>Annual School fee</b>	<b>Approximate expenditure of the child</b>
i.				
ii.				

iii.				
iv.				
v.				
vi.				
43.	<b>Pecuniary Losses suffered</b>			
i.	Expenditure on treatment			
ii.	If treatment is still continuing, give the estimate of expenditure likely to be incurred on future treatment			
iii.	Expenditure on conveyance, special diet, attendant charges, etc.			
iv.	Loss of income			
v.	Loss of earning capacity			
vi.	Any other pecuniary loss/ damage			
44.	<b>Whether the injured got reimbursement of medical expenses from his employer or under a Mediclaim policy or under any government cashless treatment scheme or government insurance scheme</b> <i>If yes, provide details</i>		Yes	No
45.	<b>Value of loss/ damage to the property</b>			
46.	<b>Any additional information</b>			
47.	<b>Brief description of the accident</b>			
48.	<b>Compensation claimed</b>			
49.	<b>Hospital details</b>			
i.	PMJAY Empanelled		Yes	No
ii.	Hospital name			
iii.	State			
iv.	District			
v.	Address			
vi.	Pincode			
vii.	Hospital Type		Government	Private
viii.	Classification (if Government)		Primary Health Centres Community Health Centres District Hospitals Medical Colleges and Research Institutions	
ix.	Speciality (if Private)		Multispecialty hospital	

		Allergy Anesthesia Bariatric Medicine/Surgery Burn/Trauma Cardiac Catheterization Cardiology Cardiovascular Surgery Dermatology Electrophysiology Emergency Medicine Endocrinology Family practice Gastroenterology General Surgery Geriatrics Gynecology/ oncology Hematology/ oncology Hepatobiliary Hospitalist Infectious Disease Internal medicine Interventional radiology Medical genetics Neonatology Neuroradiology Neurology Neurosurgery Nuclear medicine Obstetrics & Gynecology Occupational Medicine Ophthalmology Oral Surgery Orthopedics Otolaryngology / Head & Neck Surgery Pain Management Palliative Care Pathology: Surgical & Anatomic Pediatric Intensivist Physical Medicine
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		Plastic & Reconstructive Surgery Pediatric Surgery Psychiatry Pulmonary Medicine Radiation Oncology Radiology Rheumatology Surgical Oncology Thoracic Surgery Transplant Surgery Urology Vascular Surgery Wound Care ENT
x.	Mobile	
xi.	National Identification Number (NIN)	
xii.	Landline	
xiii.	E-Mail	
xiv.	Username	
xv.	Password	
xvi.	Retype Password	
xvii.	Hospital Location	
xviii.	Police District	
xix.	Police Station	
<b>50.</b>	<b>Patient's details</b>	
i.	Patient Type	Medico Legal Death – Out Patient(MLD-OP) Medico Legal Death - In Patient(MLD-IP)
ii.	In Patient/Out Patient	
iii.	Time of Arrival	
iv.	Patient Name	
v.	Patient Age	
vi.	Patient Contact Number	
vii.	Gender	Male Female TG
viii.	Injury Severity	Fatal Grievous Injury Simple Injury Hospitalized

		Simple Injury Non Hospitalized
ix.	Relation (if Male / TG)	Father Guardian
x.	Relation (if Female)	Father Mother Guardian
xi.	Father Name	
xii.	Patient Address	
xiii.	Accident Register Number	
xiv.	ID Proof	Voter ID PAN Card Aadhaar Card Driving Licence Others ID Proof Unavailable
xv.	ID Proof Number	
xvi.	Identification Mark 1	
xvii.	Identification Mark 2	
xviii.	Informant Name	
xix.	Informant Address	
xx.	Contact Number	
xxi.	Doctor Name	
xxii.	Doctor Regn. Number	
51.	Treatment details	
i.	Injured Part of Body	Back Injury Buttocks Injury Chest Injury Face Hand Head Hip Knee Leg Neck Not applicable Shoulders Injury Abdominal
ii.	Trauma Flag / Triage	Red Yellow



		Green Black No Pre-Arrival Intimation Not recorded or inadequately described
iii.	Injury Nature	Blunt Abdominal Trauma Cranial Trauma Fracture or Dislocation of Bone or Tooth Severe Coma Permanent Disfigurement of Head or Face Privation of any Member or Joint Wounds or Cut Degloving Injury
iv.	Level of Consciousness	Alert Drowsy Un Responsive
v.	Breathing	Spontaneous Breathing Non Spontaneous Breathing
vi.	Systolic BP (MM)	
vii.	Diastolic BP (MM)	
viii.	Pulse/Heart Rate (BPM)	
ix.	Respiratory Rate	
x.	SPO2 (%)	
xi.	Temperature (°F)	
xii.	Orientation	Oriented Disoriented
xiii.	Description of Pupil	Equal in Size - Normal Reaction Not-Equal Constricted Dilated and Fixed
xiv.	Physical Examination	Open or Closed suspected Skull Fracture Chest Injury including Pneumothorax Not recorded / Inadequately described Suspected Pelvic Injury Spinal Injury Crush Injury including Degloving Pre-hospital data unavailable Amputation proximal to wrist and make Penetrating to Head, Neck, Torso

v.	Treatment	Surgical Management Conservative Management
xvi.	Opinion Obtained	Cardiac Opinion ENT Opinion Gastro General Physician General Surgeon Internal Medicine Neurosurgeon Ophthalmology Ortho
xvii.	X Rays Done	Head/Skull Cervical Spine Thoracic spine Lumbar spine Chest Abdomen/pelvis Kidney, Ureter & Bladder Upper Limb Lower Limb X Ray Not done X Ray Not Needed Not recorded or Inadequately described
xviii.	CT Scan	Head/Skull Spine Chest Abdomen/pelvis Other CT Scan Not done CT Scan Not Needed Not recorded or Inadequately described Doppler ultrasound Fast extended focused Ultra Scan
xix.	Emergency Department Disposition	Discharged Home Left against medical advice Ward Transferred to another hospital Operation theatre

		Intensive care unit Died in Emergency Disposition Brought Dead
<b>52.</b>	<b>History as stated by the Injured</b>	
<b>53.</b>	<b>Details of Injuries</b>	
<b>54.</b>	<b>Discharge Summary</b>	
i.	Name of the doctor	
ii.	Doctor Regn No.	
iii.	Condition at admission	
iv.	Results of clinical investigation if any	
v.	Injuries diagnosed other than those noted in the Wound Certificate, if any	
vi.	Details of treatment given, including those of surgical and other procedures if any	
vii.	Condition at discharge	
viii.	Advice given at the time of discharge regarding further treatment if necessary	
ix.	Remarks if any	
<b>55.</b>	<b>Drunkenness Certificate</b>	
i.	Whether under arrest or not	Yes      No
ii.	Consent	
iii.	Date & time of examination	
iv.	History	
v.	Smell of alcohol in breath	Present      Absent
vi.	Speech	Normal Thick and slurred Incoherent
vii.	Clothing	Decently Dressed Disordered Soiled Torn
viii.	General Disposition	Calm Talkative Abusive Aggressive
ix.	Self Control	Normal      Impaired
x.	Memory	Normal      Impaired
xi.	Orientation of time & space	Normal      Impaired
xii.	Reaction time	Normal      Delayed
xiii.	Gait	Normal

		Unsteady Unable to stand upright
xiv.	Finger nose test	Positive      Negative
xv.	Romberg's sign	Positive      Negative
xvi.	Special examination (Blood & urine)	Preserved      Not Preserved
xvii.	Reflexes	Normal Exaggerated Sluggish
xviii.	Any other findings / Injuries on the body	
<b>56.</b>	<b>Postmortem Certificate</b>	
i.	Alleged cause of death as per inquest	
ii.	Assisted by	
iii.	Medical Officer	
iv.	Remarks if any	

### **Documents to be submitted**

#### **In Death Cases:**

1. Death certificate
2. Proof of age of the deceased which may be in form of (a) Birth Certificate; (b) School Certificate; (c) Certificate from Gram Panchayat (in case of illiterate); (d) Aadhar Card etc.
3. Proof of Occupation and Income of the deceased which may be in form of (a) Pay slip/salary certificate (salaried employee) (b) Bank statements of the last six months (c) Income tax Returns for last three years (d) Balance Sheet, etc.
4. Proof of the legal representatives of the deceased such as ration card, passport, etc.
5. In case of legal heirs below the age of 18, copy of school ID, proof of school fee, proof of other expenses/expenditure of the children.
6. Treatment record, medical bills and other expenditure prior to death
7. Bank Account no. of the legal representatives of the deceased near the place of their residence with name and address of the bank along with the necessary endorsement
8. Proof of reimbursement of medical expenses by employer or under a Medclaim policy, if taken
9. Any other document

#### **In Injury Cases:**

1. Multi angle photographs of the injured
2. Proof of age of the injured which may be in form of (a) Birth Certificate; (b) School Certificate; (c) Certificate from Gram Panchayat (in case of illiterate); (d) Aadhar Card etc.
3. Proof of Occupation and Income of the injured which may be in form of (a) Pay slip/salary certificate (salaried employee) (b) Bank statements of the last six months (c) Income tax Returns for the last three years (d) Balance Sheet, etc.
4. Treatment record, medical bills and other expenditure. In case of continuing treatment give proof of future medical expenditure.
5. Proof of absence from work where loss of income on account of injury is being claimed, which may be in the form of (a) Certificate from the employer; (b) Extracts from the attendance register.

6. In case of legal heirs below the age of 18, copy of school ID, proof of school fee, proof of other expenses/expenditure of the children
7. Bank Account no. of the injured near the place of his residence with name and address of the bank along with the necessary endorsement
8. Proof of reimbursement of medical expenses by employer or under a Medclaim policy, if taken
9. Any other document

Other documents to be submitted

1. X Ray
2. CT Scan
3. ECG
4. Other documents

**Verification:**

Verified at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ that the contents of the above Form are true to my knowledge and the documents attached are true copies of the originals

Name and signature of the injured/legal representative of deceased			
S. No.	Name	Signature	Photograph
1.			
2.			
3.			
4.			
5.			
6.			

## FORM-VI A

### VICTIM'S FORM RELATING TO MINOR CHILDREN OF VICTIM(S)

By Victim(s) to Investigating Officer within sixty (60) days of  
Accident Copy to Child Welfare Committee and SLSA

<b>FIR No.</b>	
<b>Date</b>	
<b>Under Section</b>	
<b>Police Station</b>	

Details of the Minor Children (18 years or below)					
S. No.	Details of Children	Child 1	Child 2	Child 3	Child 4
1.	<b>Name</b>				
2.	<b>Age/Date of Birth</b>				
3.	<b>Sex</b>				
4.	<b>SC/ST/OBC/ General</b>				
5.	<b>Father's Name</b>				
6.	<b>Mother's Name</b>				
7.	<b>Guardian's Name</b> (If different from parent)				
8.	<b>Family Income</b> (Annual)				
9.	<b>Permanent Address</b>				
10.	<b>Present Address</b>				
11.	<b>Contact No. of father/ mother / family member</b>				
12.	<b>Whether the child is differently abled:</b> <i>If yes, give details</i>				
13.	<b>Present living conditions/ economic condition (after the accident)</b>				
<b>Educational details of children</b>					
14.	<b>Current status of education</b>				
	Level of education (class)				
	Whether the child is enrolled under EWS quota				
15.	<b>If not attending school, reasons to be provided</b>				
16.	<b>Detailed information of the school where the child is studying</b>				
	Corporation/ Municipal/ Panchayat				
	Govt./Other Boards				

	Private Management				
17.	<b>Expenditure on education</b>				
	Monthly school tuition fee				
	Annual school fee				
	Private tuition / coaching fee				
	Any other expenditure / logistics fee				
18.	<b>Vocational training / skill development, if any</b>				
	Type of skill development				
	Cost involved				
<b>Health and Nutrition</b>					
19.	<b>Physical health condition of the child (including medical examination report, in case of any disability)</b>				
	Any injury to child. If yes, details to be given				
	Loss of any body part due to accident				
20.	<b>Mental health condition of the child</b>				
	Whether immediate psychological counseling / treatment/ support required				
	Whether long term support required				
21.	<b>Medical expenses, if any</b>				
	Cost involved in immediate medical treatment				
	Cost involved in long term medical treatment				
22.	<b>Diet and nutrition expenses</b>				

**Documents to be submitted:**

1. Copy of school/educational institution ID,
2. Copy of Aadhar card
3. Proof of education fee
4. Proof of other expenses/expenditure of the children
5. Copy of medical documents
6. Disability Certificate, if applicable
7. Copy of Caste certificate, if applicable
8. Copy of Income certificate, if applicable

**Verification:**

Verified at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ that the contents of the above Form are true to my knowledge and the documents attached are true copies of the originals

\_\_\_\_\_  
Victim(s)

**Name and photograph of all the Minor Children**

<b>S. No.</b>	<b>Name</b>	<b>Photograph</b>
1.		
2.		
3.		
4.		

**Note:**

1. **Forms-VI** and **VIA** to be sent by Investigating Officer to the concerned Child Welfare Committee to ascertain if the Child is in Need of Care and Protection (CNCP).
2. Copy of **Forms-VIA** and **VIB** to be sent to State Legal Services Authority (SLSA) to assign a lawyer to assist the child/children to avail their legal remedies/rights.



## FORM-VII

### DETAILED ACCIDENT REPORT (DAR)

By Investigating Officer to Claims Tribunal within ninety (90) days of Accident  
Copy to Victim(s)/ claimant(s), Driver, Owner, Insurance Company and SLSA

<b>FIR No.</b>	
<b>Date</b>	
<b>Under Section</b>	
<b>Police Station</b>	

1.	<b>Date of Accident</b>		
2.	<b>Time of Accident</b>		
3.	<b>Place of Accident</b>		
4.	<b>Nature of Accident</b>	Simple Injury Grievous Injury Fatal Damage/loss of the property Any other loss/injury	
5.	<b>Offending Vehicle Details</b>		
	Registration No.		
	Make		
	Model		
	Vehicle Type	Motorised 2-wheeler Auto Car/Jeep/Taxi Cycle Rickshaw Hand Drawn Cart Bicycle Tempo/Tractor Truck/Lorry Animal Drawn Cart Bus Heavy Articulated Vehicle/ Trolley Not Known Other (Specify)	
	Vehicle Use Type	Private Vehicle Commercial Vehicle Goods & Carriage Garbage Truck Taxi/Hired Vehicle Public Service Vehicle Educational Institute Bus Others (Specify)	

6.	<b>Driver of offending vehicle</b>		
	Name		
	Father's Name		
	Mobile No.		
	Address		
	Driving Licence	Permanent Learner's Juvenile Without License Others (Specify)	
	Driving Licence No.		
	Validity of Licence		
	Licensing Authority		
7.	<b>Owner of offending vehicle</b>		
	Name		
	Father's Name		
	Mobile No.		
	Address		
8.	<b>Insurance Details of offending vehicle</b>		
	Policy No.		
	Period of Policy		
	Name of Insurance Company		
9.	<b>Whether License has been verified from the Authority.</b> <i>If yes, attach report If no, give reasons</i>	Yes      No	
10.	<b>Whether Driving Licence suspended/ cancelled</b> <i>If yes, give details</i>	Yes      No	
11.	<b>Whether driver injured during the accident</b> <i>If yes, give details</i>	Yes      No	
12.	<b>Vehicle was Driven by</b>	Owner Paid Driver Other (Specify)	

13.	<b>Whether the Driver was driving under the influence of alcohol/ drugs</b> <i>Whether findings based on scientific report. If yes, give details</i>	Yes	No	
14.	<b>Whether driver carrying mobile phone at the time of accident</b> <i>If yes, give details of Mobile</i>	Yes	No	
	Mobile No.			
	IMEI No.			
	Make & Model			
15.	<b>Whether driver previously involved in motor accident case(s)</b> <i>If yes, whether case pending or decided by MACT? Give details of The FIR and MACT case</i>	Yes	No	
16.	<b>In case of commercial vehicle</b>			
	Permit details			
	Fitness details			
17.	<b>Whether Permit and Fitness have been verified from the Authority</b> <i>If yes, attach report If no, give reasons</i>	Yes	No	
18.	<b>Whether the Owner reported the accident to the Insurance Company</b> <i>If yes, give date</i>	Yes	No	
19.	<b>In case the driver fled from spot, whether the owner produced the driver before the police</b> <i>If yes, attach the copy of notice under Section 133 of Motor Vehicles Act.</i>	Yes	No	
<b>Victim(s) details</b>				

20.	<b>Victim(s)</b>	Pedestrian/Bystander Cyclist Two-wheeler In other Vehicle Others (Specify)	
<b><u>DEATH CASE</u></b>			
21.	<b>Name of the deceased</b>		
22.	<b>Age of the deceased</b>		
23.	<b>Occupation</b>		
24.	<b>Details of Legal Representatives of the deceased</b>		
	<b>Name</b>	<b>Relationship</b>	<b>Age</b>
	(i)		
	(ii)		
	(iii)		
	(iv)		
	(v)		
<b><u>INJURY CASE</u></b>			
25.	<b>Name of the injured</b>		
26.	<b>Age</b>		
27.	<b>Occupation</b>		
28.	<b>Nature of Injury</b>		
	<b>Simple</b>		
	<b>Grievous</b>		
29.	<b>Details of Injury</b>		
30.	<b>Offences Charged</b>		
	<b><u>Indian Penal Code, 1860</u></b>		
a.	Section 279	Rash driving or riding on a public way	
b.	Section 337	Causing hurt by act endangering life or personal safety of others	
c.	Section 338	Causing grievous hurt by act endangering life or personal safety of others	
d.	Section 304-A	Causing death by negligence	
e.	Any other offence		
	<b><u>Motor Vehicles Act, 1988</u></b>		
a.	Sections 3/181	Driving without license	
b.	Sections 4/181	Driving by minor	

c.	Sections 5/180	Allowing unauthorized person to drive	
d.	Section 182	Offences relating to licenses	
e.	Sections 56/192	Without fitness	
f.	Sections 66(1)/192A	Without permit	
g.	Sections 112/183(1)	Over speeding	
h.	Sections 113/194	Over loading	
i	Sections 119/184	Jumping red light	
j.	Sections 119/177	Violation of mandatory signs(One way, No right turn, No left turn)	
k.	Sections 122/177	Improper/ obstructive parking	
l.	Sections 146/196	Without insurance	
m.	Section 177/Rules of Road Regulation 17(1)	Violation of "One way"	
n.	Section 194(1A)/ Rules of Road Regulation 29	Carrying High/Long Load	
o.	Section 184/ Rules of Road Regulation, rule 6	Violation of "No overtaking"	
p.	Section 177/Central Motor Vehicles Rules, 1989 Rule 105	Without light after sunset	
q.	Section 179	Disobedience of orders,obstruction and refusal of information	
r.	Section 184	Driving dangerously	
s.	Section 184	Using mobile phone while driving	

t.	Section 185	Drunken driving/ drugs	
u.	Section 186	Driving when mentally or physically unfit to drive	
v.	Section 187	Violation of Sections 132(1)(a), 133 & 134	
w.	Section 190	Using vehicle in unsafe condition	
x.	Section 194A	Carrying more passengers than authorized	
y.	Section 194B/ Central Motor Vehicles Rules, 1989 Rule 138(3)	Driving without a safety belt	
z.	Section 194 C	Penalty for violation of safety measures for motorcycle driver and pillion rider	
a.a	Section 194 D	Penalty for not wearing protective headgear	
b.b	Section 194 E	Failure to allow free passage to emergency vehicles	
c.c	Section 194 F	Using the horn unnecessarily or in places where it is prohibited	
d.d	Section 197	Taking vehicle without authority	
e.e	Section 199A	Offence committed by juveniles	
f.f	Any other offence		
31.	<b>Detailed description of the Accident</b>		
32.	Direction(s) required from the Claims Tribunal		
i.	The driver of the offending vehicle has not furnished Form-III/has furnished incomplete Form-III, despite letter(s) dated.....[Copy (s) attached]. The driver be directed to furnish the Form-III before this Tribunal within 15 days.		
ii.	The owner of the offending vehicle has not furnished Form-IV/ has furnished incomplete Form-IV, despite letter(s) dated.....[Copy (s) attached]. The owner may be directed to furnish the Form-IV before this Tribunal within 15 days.		

iii.	The victim(s) of the accident has/have not furnished Form-VI/ Form-VIA/ has furnished incomplete Form-VI/ Form-VIA, despite letter(s) dated..... [Copy (s) attached]. The victim may be directed to furnish the Form-VI/ Form-VIA before this Tribunal within 15 days.	
iv.	The Registration Authority has not given the Verification Report despite letter(s) dated.....[Copy (s) attached]. The Registration Authority be directed to furnish the Verification Report directly before this Tribunal within 15 days.	
v.	The Hospital has not given the MLC/ Post Mortem report despite letter(s) dated [Copy (s) attached]. The Hospital be directed to furnish the above-mentioned documents directly before this Tribunal within 15 days.	
33.	<b>Documents to be attached</b>	
	Document	Attached Not Attached
i.	FIR	
ii.	Form-I - First Accident Report (FAR)	
iii.	Form-II - Rights of Victim(s) and Flow Chart	
iv.	Form-III - Driver's Form along with documents submitted	
v.	Form-IV - Owner's Form along with documents submitted	
vi.	Form-V - Interim Accident Report (IAR) along with documents submitted	
vii.	Form-VI- Victim's Form along with documents submitted	
viii.	Form-VIA - Details of minor children of the Victim along with documents submitted	
ix.	Form-VII- Detailed Accident Report (DAR)	
x.	Form-VIII - Site Plan	
xi.	Form-IX - Mechanical Inspection Report	
xii.	Form-X - Verification Report	
xiii.	Form-XI - Insurance Form along with documents submitted	
xiv.	Photographs of the scene of accident from all angles	
xv.	Photographs of all the vehicles involved in the accident from all angles	
xvi.	CCTV Footage of the accident	

xvii.	Report under section 173 of the Code of Criminal Procedure, 1973 (2 of 1974)		
xviii.	Copy of notice under section 133 of the Motor Vehicles Act, 1988		
<b>DEATH CASE</b>			
xix.	Post-Mortem Report		
<b>INJURY CASE</b>			
xx.	Medico Legal Case (MLC) form		
xxi.	Multi angle photographs of the injured		
<b>OTHER DOCUMENTS</b>			
xxii.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the driver		
xxiii.	Letter(s) of the Investigating Officer demanding the relevant information /documents from the owner		
xxiv.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the Insurance Company		
xxv.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the Victim(s)		
xxvi.	Letter(s) of the Investigating Officer demanding the relevant information/ documents from the Registration Authorities		
xxvii.	Letter of the Investigating Officer demanding the relevant information/ documents from the Hospital		

**Verification:**

Verified at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ that the contents of the above report are true and correct, and the documents were gathered during investigation.

**S.H.O./I.O**

**P.I.S./EMPLOYEE No. :** \_\_\_\_\_

**Phone No. :** \_\_\_\_\_

**P.S. :** \_\_\_\_\_

**Date :** \_\_\_\_\_



## FORM- VIII

### SITE PLAN

**By Investigating Officer (through Roads & Highway Engineer) to Claims  
Tribunal Along with DAR within ninety (90) days of Accident**

<b>FIR No.</b>	
<b>Date</b>	
<b>Under Section</b>	
<b>Police Station</b>	

1.	<b>Date of preparation of site plan</b>	
2.	<b>Type of collision (collision from)</b>	Hit from back Vehicle to pedestrian Run-off road Vehicle overturn Head on collision Other (Specify)
3.	<b>Road direction</b>	One-way Two-way Other (Specify)
4.	<b>No. of lanes</b>	
5.	<b>Width of road</b>	
6.	<b>Place of accident</b>	
7.	<b>Detailed Site Plan</b> with road and junction name, direction and location of vehicle(s) on the road	
8.	Other details	
i.	Area Type	Rural Urban Sub-urban
ii.	Road Owning Agency	National Highway Under NHAI National Highway Under State PWD National Highway Under Other Departments Corporation Road Municipality Road Panchayat Union Road Panchayat Road

iii.	Type of Structure	<p>Normal Road</p> <p>Grade</p> <p>Road Over Bridge</p> <p>Culvert</p> <p>Road Under Bridge</p> <p>River Bridge</p> <p>Vehicular Under Pass</p> <p>Limited Use Subway</p> <p>Causeway</p>
iv.	Type of Road Surface	<p>Bituminous / Asphalt</p> <p>Water Bound Macadam (WBM) / Metalled Roads</p> <p>Paver Block Road</p> <p>Gravel Road</p> <p>Murrum Road</p> <p>Earthen/Kutchra Road</p>
v.	Surface Condition	<p>Good</p> <p>Reveling</p> <p>Loose</p> <p>Flooded</p> <p>Slippery/ Oily</p> <p>Muddy</p>
		<p>Corrugated / Wavy road</p> <p>Pot Holes</p> <p>Snowy</p> <p>Road Under Repair</p> <p>No Influence on Accident</p>
vi.	Type of Carriageway	<p>Single Lane (1 Way)</p> <p>Single Lane (2 Way)</p> <p>Immediate Lane</p> <p>2 Lane (1 Way)</p> <p>2 Lane (2 Way)</p> <p>3 Lane (1 Way)</p> <p>3 Lane (2 Way)</p> <p>4 Lane Undivided (2 Way)</p> <p>4 Lane divided (2 Way)</p> <p>6 Lane Undivided (2 Way)</p> <p>6 Lane divided (2 Way)</p> <p>8 Lane divided (2 Way)</p>

vii.	Accident Location	<p>Straight Road</p> <p>At Junction</p> <p>Nearby Junction</p> <p>Horizontal Curve</p> <p>Vertical Curve</p> <p>Nearby Bus Stop</p>
viii.	Horizontal Curve	<p>Simple Curve</p> <p>Compound Curve</p> <p>Reverse Curve</p> <p>Deviation Curve</p> <p>Transition Curve</p>
ix.	Vertical Curve	<p>Symmetrical Crest / Summit Vertical Curve</p> <p>Unsymmetrical Crest / Summit Vertical Curve</p> <p>Symmetrical Sag Vertical Curve</p> <p>Unsymmetrical Sag Vertical Curve</p>
x.	Junction Type	<p>Round about</p> <p>Staggered</p> <p>Y-Junction</p> <p>Four-arm Square Junction</p> <p>More than Four-arm</p> <p>Elevated Junction (3-arm/4-arm)</p> <p>Four-arm Cross Junction</p>
		<p>Guarded Level Crossing</p> <p>Unguarded Level Crossing</p> <p>T-Junction</p>
xi.	Junction Control	<p>No Control</p> <p>Flashing Signal</p> <p>Give Way Sign</p> <p>Stop Sign</p> <p>Traffic Signals</p> <p>Manned Control</p>
xii.	Sight Distance	<p>Available to Junction</p> <p>Available to Curve</p> <p>Straight Reach</p> <p>Not Applicable</p>
xiii.	Speed Limit	<p>Below 40</p> <p>40 – 60</p> <p>60 – 80</p> <p>80 – 90</p> <p>Above 90</p> <p>Not Available</p>

xiv.	Road Margins	Shoulders Pedestrian / Cycle Track Bus Bay Guard Rails / Crash Barriers Service Lane Parking Lane Not Applicable
xv.	Type of Terrain	Plain Terrain (0 to 10%) Rolling Terrain (10 to 25%) Mountainous Terrain (25% to 60%) Steep Terrain (Above 65%)
xvi.	Type of Surface Gradient	Ruling Gradient Limiting Gradient Minimum Gradient Floating Gradient Exceptional Gradient Average Gradient
xvii.	Physical divider / Barrier	Yes No
xviii.	Type of Median	Depression / Flush Median Crash Barrier Flexible / Portable Divider Concrete Divider Raised Median with Anti-Glare Measures Raised Median without Anti-Glare Measures Kerb Median
xix.	Pedestrian Infrastructure	Footpath Footpath with Guard Rail Signalized Zebra Crossing Un Signalized Zebra Crossing Signalized Mid-Block Zebra Crossing Unsignalized Mid-Block Zebra Crossing Foot Over Bridge Subway Tabletop Crossing Not Applicable
xx.	Ongoing Road Work	Yes No
xxi.	Road Markings	Available Faded Not Available

xxii.	Road Sign Board	Available and Reflective Available and Non Reflective Not Available
xxiii.	Factors of Road Accident	Road Obstructions Uneven Road Surface Slippery Road Surface Narrow Width Non Provision of Parapets / Crash Barrier Inadequate Sight Distance Illegal Parking / Abandoned Vehicle Road / Building Construction Work Blind Curve Not Applicable

**S.H.O./I.O**

**P.I.S./EMPLOYEE No.** : \_\_\_\_\_

**Phone No:** \_\_\_\_\_

**P.S.** : \_\_\_\_\_

**Date** : \_\_\_\_\_

## FORM- IX

### MECHANICAL INSPECTION REPORT

By Investigating Officer (through Motor Vehicle Inspector) to Claims Tribunal  
Along with DAR within ninety (90) days of Accident

<b>FIR No.</b>	
<b>Date</b>	
<b>Under Section</b>	
<b>Police Station</b>	

<b>Date of Mechanical Inspection</b>	
<b>Name of Motor Vehicle Inspector</b>	
<b>Registration No. of Motor Vehicle Inspector</b>	

1.	<b>Vehicle Registration No.</b>	
2.	<b>Vehicle Type</b>	Motorized 2-wheeler Auto Car/Jeep/Taxi Cycle Rickshaw Hand Drawn Cart Bicycle Tempo/Tractor Truck/Lorry Animal Drawn Cart Bus Heavy Articulated Vehicle/ Trolley Not Known Other (Specify)
3.	<b>Vehicle make</b>	
4.	<b>Model Name</b>	
5.	<b>Colour of vehicle</b>	
6.	<b>Engine Number</b>	
7.	<b>Chassis Number</b>	
8.	<b>Location of vehicle inspection</b>	
	Accident Site	
	Garage	
	Other (Specify)	

9.	<b>In case of Commercial Vehicle</b>	
	Details of Fitness	
	Details of permit	
10.	<b>Evidence of Impact 1 (Paint Transfer)</b>	
	Paint Transfer found	Yes      No
	Colour of Paint Transfer	
	Location of Paint Transfer	
11.	<b>Evidence of Impact 2 (Scratch marks/ Others)</b>	
	Type of scratch	
	Location of scratch	
12.	<b>Point of Impact</b>	
13.	<b>Mechanical condition of Vehicle</b>	
	Steering	
	Wheels	
	Wipers	
	Mirrors	
	Others	
14.	<b>Whether vehicle modified by</b>	
	Installing CNG/LPG Kit	
	Change of vehicle body	
15.	<b>Condition of Tyres</b>	Original      Retreaded
16.	<b>Horn</b>	
	Whether installed	Yes      No
	If yes, whether functional	Yes      No
17.	<b>Brake lights &amp; other lights functional</b>	Yes      No
18.	<b>Whether vehicle had faulty number plate</b>	Yes      No
19.	<b>Status of Airbags</b>	
	Whether the vehicle fitted with airbags	Yes      No
	If yes, whether airbags were deployed	Yes      No
20.	<b>For educational institution bus, whether the vehicle was fitted with the doors that can be shut &amp; whether the vehicle had a suitable inscription to indicate that they are in the duty of an educational institute</b>	
21.	<b>Whether vehicle had tinted glasses</b>	Yes      No
22.	<b>Speed Limiter Devices in cases of PSVs (Commercial Vehicles)</b>	
	Whether vehicle fitted with Speed Limiter	Yes      No
	If yes, whether functional	Yes      No

23.	<b>Parking Sensors</b>	
	Whether Rear Parking Sensors installed	Yes      No
	If yes, whether functional	Yes      No
24.	<b>Vehicle Location Tracking (VLT) Devices</b>	
	Whether installed	Yes      No
	If yes, whether functional	Yes      No
25.	<b>Description of damage (including internal &amp; external damage and estimated cost of damage)</b>	
26.	<b>Other details</b>	
i.	Vehicle Category	Motorized      Non-motorized
ii.	Registration Number Status	Known Unknown Without Registration
iii.	Registration Number Status	Permanent Registration No. Temporary Registration No. Trade Certificate No. None Obtained
iv.	Load Category	Passengers      Goods
v.	Year of Manufacture	
vi.	Age of vehicle	
vii.	Vehicle Description	Transport Vehicle Non-transport Vehicle
viii.	Pollution under Control Certificate Validity	
ix.	Tax Details	
x.	Seat Capacity	
xi.	Insurance Company	
xii.	Disposition	Can be driven away Need to be towed Cannot be towed
xiii.	Manoeuvre at Accident	Turning Right Turning Left Overtaking from left Making U turn Going ahead overtaking Going ahead not overtaking Parked Reversing



		<p>Sudden Start</p> <p>Starting from off side</p> <p>Starting from near side</p> <p>Sudden Stop</p> <p>Merging</p> <p>Diverging</p> <p>Stationary</p> <p>Using Private Entrance</p> <p>Parking Vehicle</p> <p>Temporarily Held Up</p>
xiv.	Vehicle Damage	<p>Rear Damage</p> <p>Front Damage</p> <p>Top Damage</p> <p>Left Damage</p> <p>Right Damage</p> <p>Multiple Damage</p> <p>No Damage</p> <p>Total Damage</p>
xv.	Accused/ Victim	<p>Accused Vehicle</p> <p>Victim Vehicle</p> <p>Not Known</p>
xvi.	Brake Type	<p>Air Brake</p> <p>Hydraulic</p> <p>Mechanical</p> <p>Vaccum Assisted Hydraulic Brake</p>
xvii.	Condition of Brake	<p><b>Air Brake</b></p> <ul style="list-style-type: none"> <li>• Satisfactory</li> <li>• Want of air</li> <li>• Leakage of air</li> <li>• Worn out parts</li> </ul> <p><b>Hydraulic</b></p> <ul style="list-style-type: none"> <li>• Satisfactory</li> <li>• Want of fluid</li> <li>• Leakage of fluid</li> </ul> <p><b>Mechanical</b></p> <ul style="list-style-type: none"> <li>• Satisfactory</li> <li>• Worn out parts</li> <li>• Lack of Lubrication</li> </ul>

		<ul style="list-style-type: none"> <li>Slackness in adjustment</li> </ul> <b>Vaccum Assisted Hydraulic Brake</b> <ul style="list-style-type: none"> <li>Satisfactory</li> <li>Want of fluid</li> <li>Leakage of fluid</li> <li>Want of air</li> <li>Leakage of air</li> <li>Worn-out parts</li> </ul>
xviii.	Condition of Foot Brake	Active    Inactive
xix.	Condition of Hand Brake	Active    Inactive
xx.	Brakes Even or Not	Even      Not even
xxi.	Mechanical Failure	Yes      No
xxii.	Tyre Condition	Worn Out In Order Remoulded Original Satisfactory Bald Wear Bead Separation Belt Separation Bent Bead Broken Bead Feathering Wear Shoulder Separation Tyre Puncture Sidewall Cut Letter Defect Cracking Between Tread Flat Spot Wear One side wear Sidewall Bubble Tread Separation Mushroomed Tread Rapid Shoulder Wear Rapid Centre Wear Tyre Burst/Blowouts Cupping / Scalloped Wear Damaged Bead Sidewall Tear

		Sidewall Wear
xxiii.	Mechanical	Wornout parts Lack of lubrication Defective parts Slackness in adjustment
xxiv.	Vehicle Defect Type	No defect Bald tyre Brakes Head Lights Steering Tyre puncture Multiple defects None of these
xxv.	Accident Due to	Vehicle Defect Road Defect Both Vehicle and Road defect Not a Mechanical Defect Opinion cannot be given None of the above
xxvi.	Steering Type	Electronic Hydraulic Mechanical
xxvii.	Steering Condition	Free Not Working Working In order
xxviii.	Condition of Wheels	Satisfactory Wheel Rim Bent Wheel Rim Damaged
xxix.	Whether Vehicle Modified	Yes      No
xxx.	Whether Rear Parking Sensors Installed	Yes      No
xxxi.	Type of Scratch	No Scratch Marks Found Paint Scratch Marks Found Not Found
xxxii.	Damage Status	Rear Damage Front Damage Top Damage Left Damage Right Damage

		Multiple Damage No Damage Total Damage
xxxiii.	Vehicle had a faulty Number plate?	Yes No
xxxiv.	Run Protection Device and Side Under Run Protection Device	Yes No
xxxv.	Bull Bars	Yes No
xxxvi.	Reflective Tapes	Yes No
xxxvii.	Wind Screen Safety	Yes No
xxxviii.	Track Mark	Yes No
xxxix.	Check Report Issued?	Yes No

1. Photographs of the vehicle

Images/ Videos to be attached:

1. Main Resting Place of Vehicle
2. Damage to Vehicle
3. Damage to Property

**Motor Vehicle**

**InspectorDate** : \_\_\_\_\_

**FORM-X**

**VERIFICATION REPORT**

By Investigating Officer to Claims Tribunal Along with DAR within ninety (90) days  
of Accident through information available on VAHAN Database

<b>FIR No.</b>	
<b>Date</b>	
<b>Under Section</b>	
<b>Police Station</b>	

1.	<b>Vehicle Registration No.</b>	
	Validity Period	
2.	<b>Engine No.</b>	
3.	<b>Chassis No.</b>	
4.	<b>Category of Vehicle</b>	LMV/ HMV/ MGV Private or Commercial
5.	<b>Vehicle Make &amp; Model</b>	
	Make	
	Model	
6.	<b>Owner Details</b>	
	Name	
	Address	
7.	<b>Details of Insurer</b>	
8.	<b>Details of Permit</b>	
	Permit No.	
	Validity	
9.	<b>Details of Fitness Certificate</b>	
	Fitness Certificate No.	
	Validity	
10.	<b>In case record not available, state reasons</b>	

**S.H.O./I.O**

**P.I.S./EMPLOYEE No. :** \_\_\_\_\_

**Phone No. :** \_\_\_\_\_

**P.S. :** \_\_\_\_\_

**Date :** \_\_\_\_\_



**FORM - XI**

**INSURANCE FORM**

**By Designated Officer of Insurance Company to Claims  
Tribunal Within thirty (30) days of receipt of DAR**

<b>FIR No.</b>	
<b>Date</b>	
<b>Under Section</b>	
<b>Police Station</b>	

1.	<b>Vehicle Details</b>	
	Registration Number	
	Vehicle Make	
	Vehicle Model	
2.	<b>Details of Insured</b>	
	Name	
	Address	
3.	<b>Policy Details</b>	
	Policy No.	
	Period of Policy	
	Nature/Type of Policy	
4.	<b>Date of Accident</b>	
5.	<b>Date of intimation of the accident by the Insured to the Insurance Company</b>	
6.	<b>Date of receipt of FAR</b>	
7.	<b>Date of receipt of IAR</b>	
8.	<b>Date of receipt of DAR</b>	
9.	<b>Date of appointment of the Designated Officer by the Insurance Company</b>	
10.	<b>Details of Designated Officer</b>	
	Name	
	Address	
11.	<b>Date of appointment of the Surveyor/ Investigator</b>	
12.	<b>Name and Address of Surveyor/ Investigator</b>	
	Name	
	Address	
13.	<b>Date of Report of the Surveyor/Investigator</b>	
14.	<b>Date of Decision of the Designated Officer</b>	
15.	<b>Whether this Form has been filed within thirty (30) days of receipt of DAR</b> <i>If not, give reasons for delay</i>	Yes      No

<b>DEATH CASE</b>			
16.	<b>Name of the deceased</b>		
17.	<b>Age of the deceased</b>		
18.	<b>Occupation</b>		
19.	<b>Monthly Income</b>		
20.	<b>Details of Legal Representatives of the deceased</b>		
	<b>Name</b>	<b>Relationship</b>	<b>Age</b>
	(i)		
	(ii)		
	(iii)		
	(iv)		
	(v)		
	(vi)		
21.	<b>Computation of compensation</b>	<b>Amount in Rs.</b>	
	Income of the deceased (A)		
	Add-Future Prospects (B)		
	Less-Personal expenses of the deceased (C)		
	Monthly loss of dependency [(A+B) – C = D]		
	Annual loss of dependency (D x 12)		
	Multiplier (E)		
	Total loss of dependency (E x 12 x D = F)		
	Medical Expenses (G)		
	Compensation for loss of consortium (H)		
	Compensation of loss for love and affection (I)		
	Compensation for loss of estate (J)		
	Compensation towards funeral expenses (K)		
	<b>Total Compensation (F+ G + H + I+J+K = L)</b>		
<b>INJURY CASE</b>			
22.	<b>Name of the victim</b>		
23.	<b>Age of the victim</b>		
24.	<b>Occupation</b>		
25.	<b>Monthly Income</b>		
26.	<b>Nature of Injury</b>		
	Simple		
	Grievous		
27.	<b>Type of Injury</b>		



28.	<b>Details of medical treatment</b>	
29.	<b>Details of permanent disability (if any)</b>	
30.	<b>Computation of compensation</b>	<b>Amount in Rs.</b>
	Expenditure on treatment	
	Expenditure on conveyance	
	Expenditure on special diet	
	Cost of nursing/attendant	
	Cost of artificial limb	
	Loss of earning capacity	
	Loss of income	
	Any other loss which may require any special treatment or aid to the injured for the rest of his life	
	Compensation for mental and physical shock	
	Pain and suffering	
	Loss of amenities of life	
	Disfiguration	
	Loss of marriage prospects	
	Loss of earning, inconvenience, hardships, disappointment, frustration, mental stress, dejection and unhappiness in future life, etc.	
	<b>Total compensation</b>	
31.	<b>If the Insurance Company does not admit the liability to pay the compensation, disclose the grounds on which the Insurance Company wants to contest the claim:</b>	

**Verification:**

Verified at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ that the contents of the above report are true and correct. I am well conversant with the principles of computation of compensation and have applied the same to compute the compensation.

**DESIGNATED OFFICER**

1. Report of the Surveyor/Investigator

**FORM - XII**

**VICTIM IMPACT REPORT**

**By State Legal Services Authority to concerned criminal court within thirty (30) days of conviction and to be considered at the time of sentencing**

<b>S. No.</b>	<b>Description</b>	<b>Particulars</b>
1.	FIR No., date and under Section(s)	
2.	Name of Police Station	
3.	Date, time and place of offence	
4.	Nature of injury/loss suffered by the victim(s)	
	i. Physical harm	
	a. Simple injuries	
	b. Grievous injuries	
	c. Death	
	ii. Emotional harm	
	iii. Damage/loss of property	
iv. Any other loss/injury		
5.	Brief description of offence(s) in which the accused has been convicted	
6.	Name of the victim	
7.	Father's /Spouse's name	
8.	Age	
9.	Gender	
10.	Marital status	
11.	Addresses: Permanent	
	Present	
12.	Contact information: Mobile	
	Email ID	

***I. Death Case***

<b>S. No.</b>	<b>Description</b>	<b>Particulars</b>
13.	Name of the deceased	
14.	Father's/Spouse's name	
15.	Age of the deceased	
16.	Gender of the deceased	
17.	Marital status of the deceased	
18.	Occupation of the deceased	
19.	Income of the deceased	

20.	Name, age and relationship of legal representatives of deceased:			
	<b>Name</b>	<b>Age</b>	<b>Gender</b>	<b>Relation</b>
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
21.	<b><i>Details of losses suffered</i></b>			
	<b><i>Pecuniary Losses:</i></b>			
(i)	Income of the deceased (A)			
(ii)	Add-Future Prospects (B)			
(iii)	Less-Personal expenses of the deceased (C)			
(iv)	Monthly loss of dependency [(A+B) – C = D]			
(v)	Annual loss of dependency (D x 12)			
(vi)	Multiplier (E)			
(vii)	Total loss of dependency (D x 12 x E = F)			
(viii)	Medical Expenses			
(ix)	Funeral Expenses			
(x)	Any other pecuniary loss/damage			
	<b><i>Non-Pecuniary Losses:</i></b>			
(xi)	Loss of consortium			
(xii)	Loss of love and affection			
(xiii)	Loss of estate			
(xiv)	Emotional harm/trauma, mental and physical shock etc.			
(xv)	Post-traumatic stress disorder (anxiety, depression, hostility, insomnia, self-destructive behaviour, nightmares, agitation, social isolation, etc.) panic disorder or phobia(a) which got triggered by the incident/death of the deceased victim.			
(xvi)	Any other non-pecuniary loss/damage			
	<b><i>Total loss suffered</i></b>			

## **II. Injury Case**

<b>S. No.</b>	<b>Description</b>	<b>Particulars</b>
22.	Name of the injured	
23.	Father's /Spouse's name	
24.	Age of the injured	
25.	Gender of the injured	

26.	Marital status of the injured			
27.	Occupation of the injured			
28.	Income of the injured			
29.	Nature and description of injury			
30.	Medical treatment taken by the injured			
31.	Name of hospital and period of hospitalisation			
32.	Details of surgeries, if undergone			
33.	Whether any permanent disability? If yes, give details			
34.	Whether the injured got reimbursement of medical expenses			
35.	Details of family/dependents of the injured:			
	<b>Name</b>	<b>Age</b>	<b>Gender</b>	<b>Relation</b>
(i)				
(ii)				
(iii)				
(iv)				
(v)				
(vi)				
36.	<b><i>Details of losses suffered</i></b>			
<b><i>Pecuniary Losses:</i></b>				
(i)	Expenditure incurred on treatment, conveyance, special diet, attendant etc.			
(ii)	If treatment is still continuing, give the estimate of expenditure likely to be incurred on future treatment			
(iii)	Loss of income			
(iv)	Any other loss which may require any special treatment or aid to the injured for the rest of his life			
(v)	Percentage of disability assessed and nature of disability as permanent or temporary			
(vi)	Percentage of loss of earning capacity in relation to disability			
(vii)	Loss of future Income (Income x % Earning Capacity x Multiplier)			
(viii)	Any other pecuniary loss/damage			

	<b><i>Non-Pecuniary Losses:</i></b>	
(i)	Pain and suffering	
(ii)	Loss of amenities of life, inconvenience, hardships, disappointment, frustration, mental stress, dejection and unhappiness in future life etc.	
(iii)	Post-traumatic stress disorder (anxiety, depression, hostility, insomnia, self-destructive behaviour, nightmares, agitation, social isolation, etc.) panic disorder or phobia(a) which got triggered by the incident.	
(iv)	Emotional harm/trauma, mental and physical shock etc.	
(v)	Disfiguration	
(vi)	Loss of marriage prospects	
(vii)	Loss of Reputation	
(viii)	Any other non-pecuniary loss/damage	
	<b><i>Total loss suffered</i></b>	

**III. Damage/Loss to the property**

S. No.	Description	Particulars
37.	Description of the property damaged/lost	
38.	The value of loss suffered	

**IV. Conduct of the accused**

S. No.	Description	Particulars
39.	Whether the accused fled from the Spot If so, when he/ she appeared before Police/ Court or arrested?	
40.	Whether the Accused reported the accident to the Police/ family of the victim	
41.	i. Whether the Accused provided any assistance to the victim? ii. Whether the Accused took the victim to the hospital? iii. Whether the Accused visited the victim at the hospital?	
42.	Whether the Accused remained at the spot till police arrived	
43.	Whether the Accused cooperated in the investigation	
44.	Whether the Accused removed his/ her vehicle from the spot before police arrived	
45.	Whether the Accused paid compensation/ medical expenses to victim/ his family	
46.	Whether the Accused has previous convictions	
47.	Whether the Accused is/ was a close relative or friend of the victim	
48.	Age of the Accused	
49.	Gender of the Accused	
50.	Whether accused suffered injuries during the accident	

51.	Whether the Accused discharged the duties under sections 132 and 134 of the Motor Vehicles Act, 1988? If no, whether the Accused has been prosecuted under section 187 of Motor Vehicles Act, 1988	
52.	Whether the Driver has been previously involved in a motor accident case If Yes, provide following details: FIR Number and Police Station	
53.	In case the driver fled from the spot, did the owner comply with the provisions of section 133 of Motor Vehicles Act, 1988	
54.	Any other information regarding the conduct of the Accused	
55.	<b><i>Apparent contributing circumstances</i></b>	
i.	Driving without valid driving license	
ii.	Driving while disqualified	
iii.	Learner driving without supervision	
iv.	Vehicle not insured	
v.	Driving a stolen vehicle	
vi.	Vehicle taken out without the consent of the owner	
vii.	Driving dangerously or at excessive speed	
viii.	Dangerously loaded vehicle/ Overloaded	
ix.	Parking on the wrong side of the road	
x.	Improper parking/ Parking on wrong side of road	
xi.	Non-observance of traffic rules	
xii.	Poorly maintained vehicle	
xiii.	Fake/forged driving license	
xiv.	History of convulsions/ seizures	
xv.	Fatigued/ Sleepy	
xvi.	Guilty of violation of traffic rules in the past	
xvii.	Previous convictions	
xviii.	Suffering from medical condition that impairs driving	
xix.	Using mobile phone while driving (Handheld)	
xx.	Using mobile phone while driving (Handsfree)	
xxi.	More than one injured/ dead	
xxii.	Under the influence of alcohol or drugs	
56.	<b><i>Aggressive Driving</i></b>	
i.	Jumping Red Light	
ii.	Abrupt braking	
iii.	Neglect to keep to the left of road	
iv.	Criss Cross Driving	
v.	Driving on the wrong side	
vi.	Driving close to vehicle in front	
vii.	Inappropriate attempts to overtake	

viii.	Cutting in after overtaking	
ix.	Exceeding Speed Limit	
x.	Racing/ Competitive Driving	
xi.	Disregarding any warnings	
xii.	Overtaking where prohibited	
xiii.	Driving with loud music	
xiv.	Improper reversing	
xv.	Improper passing	
xvi.	Improper turning	
xvii.	Turning without indication	
xviii.	Driving in no-entry zone	
xix.	Not slowing at junctions/ crossings	
xx.	Turning with indication	
xxi.	Not respecting stop sign	
xxii.	Not respecting right of way to pedestrians	
57.	<b><i>Irresponsible Behaviour</i></b>	
i.	Failing to stop after accident	
ii.	Ran away from the spot after leaving the vehicle	
iii.	Destruction or attempt to destroy the evidence	
iv.	Falsely claiming that one of the victims was responsible for the accident	
v.	Trying to throw the victim off the bonnet of the vehicle by swerving in order to escape	
vi.	Causing death/injury in the course of dangerous driving post commission of crime or chased by police in an attempt to avoid detection or apprehension	
vii.	Offence committed while the offender was on bail	
viii.	Took any false defence	
ix.	Misled the investigation	
x.	Post-accident road rage behaviour	

***IV. Paying capacity of the accused***

The accused has submitted the affidavit of his assets and income .The particulars given by the accused in his affidavit have been verified through Sub-Divisional Magistrate /Police/Prosecution and after considering the same, paying capacity of the accused is assessed as under:

.....  
.....  
.....  
.....

---

**V. Recommendations of State Legal Services Authority**

After taking into consideration the gravity of the offense, severity of mental/physical harm/injuries suffered by the victim(s); losses suffered by the victim(s) and the paying capacity of the accused, the recommendations of the Committee are as under: -

.....  
.....  
.....  
.....

**Place:** **Member Secretary**  
**Dated:** **State Legal Services Authority**

**Documents considered and attached to the report**

**In Death Cases:**

1. Death certificate
2. Proof of age of the deceased which may be in form of a) Birth Certificate; b) School Certificate; c) Certificate from Gram Panchayat (in case of illiterate); d) Aadhar Card
3. Proof of Occupation and Income of the deceased which may be in form of a) Pay slip/salary certificate (salaried employee); b) Bank statements of the last six months; c) Income tax Return; Balance Sheet
4. Proof of the legal representatives of the deceased (Names, Age, Address, Phone Number & Relationship)
5. Treatment record, medical bills and other expenditure
6. Bank Account no. of the legal representatives of the deceased with name and address of the bank
7. Any other document found relevant

**In Injury Cases:**

1. Multi angle photographs of the injured
2. Proof of age of the deceased which may be in form of a) Birth Certificate; b) School Certificate; c) Certificate from Gram Panchayat (in case of illiterate); d) Aadhar Card
3. Proof of Occupation and Income of the deceased which may be in form of a) Pay slip/salary certificate (salaried employee); b) Bank statements of the last six months; c) Income tax Return; Balance Sheet
4. Treatment record, medical bills and other expenditure.
5. Disability certificate (if available)
6. Proof of absence from work where loss of income on account of injury is being claimed, which may be in the form of a) Certificate from the employer; b) Extracts from the attendance register.
7. Proof of reimbursement of medical expenses by employer or under a Mediclaim policy, if taken
8. Any other document found relevant



**FORM – XIII**

**BEFORE THE MOTOR ACCIDENT CLAIMS TRIBUNAL**

.....

....Petitioners(s)

Versus

.....

....Respondent(s)

**FORMAT OF WRITTEN SUBMISSIONS TO BE FILED BY PARTIES IN DEATH CASES**

1. Date of accident .....
2. Name of the deceased.....
3. Age of the deceased.....
4. Occupation of the deceased.....
5. Income of the deceased.....
6. Name, age and relationship of legal representatives of deceased

S.No.	Name	Age	Relation
1.			
2.			
3.			
4.			
5.			

7.Computation of Compensation

S.No.	Heads	Claim of Petitioners(s)	Response of Respondent(s)
i.	Income of the deceased (A)		
ii.	Add-Future Prospects (B)		
iii.	Less-Personal expenses of the deceased (C)		
iv.	Monthly loss of dependency [(A+B) – C = D]		
v.	Annual loss of dependency (D x 12)		
vi.	Multiplier (E)		
vii.	Total loss of dependency (D x 12 x E = F)		
viii.	Medical Expenses (G)		
ix.	Compensation for loss of consortium (H)		
x.	Compensation for love and affection (I)		
xi.	Compensation for loss of estate (J)		
xii.	Compensation towards funeral expenses (K)		
<b>TOTAL COMPENSATION (F + G + H + I + J+ K =L)</b>			
<b>INTEREST</b>			

**FORM – XIV**

**BEFORE THE MOTOR ACCIDENT CLAIMS TRIBUNAL**

.....

....Petitioners(s)

Versus

.....

.....Respondent(s)

**FORMAT OF WRITTEN SUBMISSIONS TO BE FILED BY THE PARTIES IN INJURY CASES**

1. Date of accident.....
2. Name of the injured.....
3. Age of the injured .....
4. Occupation of the injured .....
5. Income of the injured .....
6. Nature of injury.....
7. Medical treatment taken by the injured .....
8. Period of hospitalisation.....
9. Whether any permanent disability? If yes, give details.....  
.....  
.....
10. Photographs of the injured and the injuries.....
11. Computation of Compensation: -

S.No.	Heads	Claim of Petitioners(s)	Response of Respondent(s)
12.	<b>Pecuniary Loss:</b>		
i.	Expenditure on treatment		
ii.	Expenditure on conveyance		
iii.	Expenditure on special diet		
iv.	Cost of nursing/attendant		
v.	Loss of income		
vi.	Cost of artificial limb (if applicable)		
vii.	Any other loss/expenditure		
13.	<b>Non-Pecuniary Loss:</b>		
i.	Compensation for mental and physical shock		
ii.	Pain and suffering		
iii.	Loss of amenities of life		
iv.	Disfiguration		
v.	Loss of marriage prospects		

vi.	Loss of earning, inconvenience, hardships, disappointment, frustration, mental stress, dejection and unhappiness in future life etc.		
14.	<b>Disability resulting in loss of earning capacity:</b>		
i.	Percentage of disability assessed and nature of disability as permanent or temporary		
ii.	Loss of amenities or loss of expectation of life span on account of disability		
iii.	Percentage of loss of earning capacity in relation to disability		
iv.	Loss of future Income - (Income x % Earning Capacity x Multiplier)		
<b>TOTAL COMPENSATION</b>			
<b>INTEREST</b>			

**FORM – XV**

**SUMMARY OF COMPUTATION OF AWARD AMOUNT IN DEATH CASES TO BE INCORPORATED IN THE AWARD**

1. Date of accident.....
2. Name of the deceased.....
3. Age of the deceased.....
4. Occupation of the deceased.....
5. Income of the deceased.....
6. Name, age and relationship of legal representatives of deceased:

S.No.	Name	Age	Relation
i.			
ii.			
iii.			
iv.			
v.			
vi.			

**Computation of Compensation**

S.No.	Heads	Awarded by the Claims Tribunal
7.	Income of the deceased (A)	
8.	Add-Future Prospects (B)	
9.	Less-Personal expenses of the deceased (C)	
10.	Monthly loss of dependency [(A+B) – C = D]	
11.	Annual loss of dependency (D x 12)	
12.	Multiplier (E)	
13.	Total loss of dependency (D x 12 x E = F)	
14.	Medical Expenses (G)	
15.	Compensation for loss of consortium (H)	
16.	Compensation for loss of love and affection (I)	
17.	Compensation for loss of estate (J)	
18.	Compensation towards funeral expenses (K)	
19.	<b>TOTAL COMPENSATION (F + G + H + I + J + K =L)</b>	
20.	<b>RATE OF INTEREST AWARDED</b>	
21.	Interest amount up to the date of award (M)	
22.	Total amount including interest (L+M)	
23.	Award amount released	
24.	Award amount kept in FDRs	
25.	Mode of disbursement of the award amount to the claimant(s).	
26.	Next Date for compliance of the award.	

**FORM-XVI**

**SUMMARY OF THE COMPUTATION OF AWARD AMOUNT IN INJURY CASES TO BE  
INCORPORATED IN THE AWARD**

1. Date of accident.....
2. Name of the injured.....
3. Age of the injured .....
4. Occupation of the injured .....
5. Income of the injured .....
6. Nature of injury.....
7. Medical treatment taken by the injured .....
- .....
8. Period of hospitalisation.....
9. Whether any permanent disability? If yes, give details.....
- .....

10.	<b>Computation of Compensation</b>	
S.No.	Heads	Awarded by the Tribunal
11.	<b>Pecuniary Loss:</b>	
(i)	Expenditure on treatment	
(ii)	Expenditure on conveyance	
(iii)	Expenditure on special diet	
(iv)	Cost of nursing/attendant	
(v)	Cost of artificial limb	
(vi)	Loss of earning capacity	
(vii)	Loss of income	
(viii)	Any other loss which may require any special treatment or aid to the injured for the rest of his life	
12.	<b>Non-Pecuniary Loss:</b>	
(i)	Compensation for mental and physical shock	
(ii)	Pain and suffering	
(iii)	Loss of amenities of life	
(iv)	Disfiguration	
(v)	Loss of marriage prospects	
(vi)	Loss of earning, inconvenience, hardships, disappointment, frustration, mental stress, dejection and unhappiness in future life etc.	
13.	<b>Disability resulting in loss of earning capacity:</b>	
(i)	Percentage of disability assessed and nature of disability as permanent or temporary	
(ii)	Loss of amenities or loss of expectation of life span on account of disability	
(iii)	Percentage of loss of earning capacity in relation to disability	

(iv)	Loss of future Income - (Income x % Earning Capacity x Multiplier)	
14.	<b>TOTAL COMPENSATION</b>	
15.	<b>INTEREST AWARDED</b>	
16.	Interest amount up to the date of award	
17.	Total amount including interest	
18.	Award amount released	
19.	Award amount kept in FDRs	
20.	Mode of disbursement of the award amount to the claimant(s).	
21.	Next Date for compliance of the award.	

## FORM - XVII

### COMPLIANCE OF THE PROVISIONS OF THE SCHEME TO BE MENTIONED IN THE AWARD

1.	Date of the accident	
2.	Date of filing of <i>Form-I - First Accident Report (FAR)</i>	
3.	Date of delivery of <i>Form-II</i> to the victim(s)	
4.	Date of receipt of <i>Form-III</i> from the Driver	
5.	Date of receipt of <i>Form-IV</i> from the Owner	
6.	Date of filing of the <i>Form-V-Interim Accident Report (IAR)</i>	
7.	Date of receipt of <i>Form-VI</i> and <i>Form-VIA</i> from the Victim(s)	
8.	Date of filing of <i>Form-VII - Detailed Accident Report (DAR)</i>	
9.	Whether there was any delay or deficiency on the part of the Investigating Officer? If so, whether any action/ direction warranted?	
10.	Date of appointment of the Designated Officer by the Insurance Company	
11.	Whether the Designated Officer of the Insurance Company submitted his report within thirty (30) days of the DAR?	
12.	Whether there was any delay or deficiency on the part of the Designated Officer of the Insurance Company? If so, whether any action/direction warranted?	
13.	Date of response of the claimant(s) to the offer of the Insurance Company	
14.	Date of the award	
15.	Whether the claimant(s) were directed to open savings bank account(s) near their place of residence?	
16.	Date of order by which claimant(s) were directed to open savings bank account(s) near his place of residence and produce PAN Card and Aadhaar Card and the direction to the bank to not issue any cheque book/debit card to the claimant(s) and make an endorsement to this effect on the passbook	
17.	Date on which the claimant(s) produced the passbook of their savings bank account near the place of their residence along with the endorsement, PAN Card and Aadhaar Card?	
18.	Permanent Residential Address of the claimant(s)	
19.	Whether the claimant(s) savings bank account(s) is near his place of residence?	
20.	Whether the claimant(s) were examined at the time of passing of the award to ascertain his/their financial condition?	

**FORM – XVIII**

**FORMAT OF RECORD OF AWARDS TO BE MAINTAINED BY THE CLAIMS TRIBUNAL**

<b>DATE</b>		<b>Page No. of the Register</b>
<b>S. NO.</b>	<b>PARTICULARS</b>	
1.	Date of Award	
2.	Case number	
3.	Title of the case	
4.	Award amount	
5.	Date of notice of deposit by the depositor to the Claimant(s)	
6.	Date of notice of deposit by the Tribunal to the Claimant(s)	
7.	Amount of interest upto date of notice of deposit	
8.	Amount deposited along with date of deposit	
9.	Amount of interest upto date of notice of deposit	
10.	Whether entire award amount and interest deposited. If no, balance outstanding award amount/interest	
11.	Action interest taken to recover the balance award	
12.	Date of release of the award amount to the Claimant(s)	
13.	Mode of release of the award amount: (Give the details of endorsement made on the cheques)	
14.	Remarks	



**FORM – XIX**

**MOTOR ACCIDENT CLAIMS ANNUITY DEPOSIT (MACAD) SCHEME**

<b>S. No.</b>	<b>Scheme Features</b>	<b>Particulars/Details</b>
1.	Purpose	One time lump sum amount, as decided by the Court / Tribunal, deposited to receive the same in Equated Monthly Installments (EMIs), comprising a part of the principal amount as well as interest.
2.	Eligibility	Individuals including Minors through guardian in single name.
3.	Mode of Holding	Singly
4.	Type of account	Motor Accident Claims Annuity (Term) Deposit Account (MACAD)
5.	Deposit Amount	i. Maximum: No Limit ii. Minimum – Based on minimum monthly annuity Rs. 1,000/- for the relevant period.
6.	Tenure	i. 36 to 120 months ii. In case the period is less than 36 months, normal FD will be opened. iii. MACAD for longer period (more than 120 months) will be looked as per direction of the Court.
7.	Rate of interest	Prevailing rate of interest as per Tenure.
8.	Receipts/Advices	i. No Receipts will be issued to depositors. ii. Passbook will be issued for MACAD
9.	Loan Facility	No loan or advances shall be allowed.
10.	Nomination facility	i. Available. ii. MACAD shall be duly nominated as directed by the court.
11.	Premature Payment	i. Premature closure or part lump sum payment of MACAD during the life of the claimant will be made with permission of the court. However, if permitted, the annuity part will be reissued for balance tenure and amount, if any, with change in annuity amount. ii. Premature closure penalty will not be charged. iii. In case of death of the claimant, payment to be given to the nominee. The nominee has an option to continue with the annuity or seek pre-closure.
12.	Tax deduction at source	i. Interest payment is subject to TDS as per Income Tax Rules. Form 15G/15H can be submitted by the Depositor to get exemption from the Tax deduction. ii. The annuity amount on monthly basis net of TDS, will be credited to the MACT Savings Bank account.

**FORM - XX**

**FORMAT FOR THE INFORMATION OF MACT**

**STAGE – I : ACCIDENT DETAILS (to be submitted by Investigating Officer within 90 days)**

<b>PARTICULARS</b>	<b>DETAILS</b>			
<b>Accident Details:</b>				
Date of accident				
Place of accident				
<b>Case registered at:</b>				
P.S.				
District				
State, PIN				
<b>I.O. Particulars:</b>				
Phone				
Address				
Mail				
<b>Final Report date:</b>				
<b>Victims:</b>				
Casualties	1.			
	2.			
	..			
Injuries (other than casualty)	1.			
	2.			
	..			
<b>Hospitals Involved:</b>				
Name	1.	2.	3.	...
Details				

**VEHICLE DETAILS**

<b>Vehicles involved</b>	1.	2.	3.	...
<b>Corresponding owner(s) of vehicles</b>				
<b>Corresponding driver of the vehicles</b>				
<b>Insurance agencies:</b>	1.	2.	3.	...
Name of Representative				
Contact details				

**STAGE – II : CLAIM DETAILS (to be provided by MACT)**

<b>PARTICULARS</b>	<b>DETAILS</b>			
<b>MACT case number</b>	<i>(to be allocated by respective MACT)</i>			
<b>Claim petition:</b>				
Number	1.	2.	3.	.....
Date				
Place of filing				
<b>Claimant:</b>				
Name	i. ii. ...	i. ii. ...	i. ii. ...	i. ii. ...
Address(es)				
Contact				
Relationship with				
<b>PARTICULARS</b>	<b>DETAILS</b>			
victim(s)				
Aadhaar				
<b>Advocate representing the Claimant</b>	1.	2.	3.	
Name				
Phone No.				
Enrollment No.				
Email ID				
<b>MACT Award (Date, Particulars):</b>	1.	2.	3.	...
<b>Claim Disbursement Details</b>				
<b>Appeal filed, if any:</b>	1.	2.	3.	...

**CRIMINAL CASE DETAILS (to be provided by Magistrate Court)**

<b>PARTICULARS</b>	<b>DETAILS</b>			
Case number	1	2	3	...
FIR Number				
Date of Reporting				
IPC Section No.				