

FORM I
[Paragraph 20 (1)]
FORM OF APPLICATION FOR COMPENSATION FROM HIT AND RUN
COMPENSATION FUND

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

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

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

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

SIGNATURE OF THE CLAIMANT

*Strike out whichever is not applicable.