

FORM II
[Paragraph 21 (2) (b)]

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

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

Seal:
Date:

*Signature, designation
of the Claims Enquiry Officer.*