

FORM III
[Paragraph 22 (1)]

Serial No.....
Claims Settlement Commissioner
District.....

ORDER

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

Claims Settlement Commissioner

CC to: —

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