

NATIONAL COUNCIL FOR ROAD SAFETY

HIT & RUN ROAD TRAFFIC ACCIDENT VICTIMS

CLAIM APPLICATION FORM (CAF/1)

CAF/1 Ref. No.

--	--	--	--	--	--

(For office use only)

SECTION 1

DECEASED /GRIEVOUS INJURY

1.1. Title: Mr./Mrs./Miss./Ms

--

Full Name: (According to the Birth Certificate)

1.2 Name with Initials:

1.3. Permanent Address:

1.4. Postal Address: (If Different)

1.5. Contact Telephone Nos.

Home

--	--	--	--	--	--	--	--	--	--	--

Office:

--	--	--	--	--	--	--	--	--	--	--

1.6. Date of Birth:

Date: Month Year:

1.7. Age:

Years: Months: Days:

1.8. Are you a citizen of Sri Lanka?

Yes. ☐ No. ☐

1.9. National Identity Card No.:

(Attached photo copy of the identity card)

1.10. Sex:

Male: ☐ Female: ☐

1.11. Ethnicity:

Sinhala: ☐ Tamil: ☐ Muslim: ☐ Malay: ☐ Burger: ☐ Others: ☐

1.12. Civil Status:

Married: ☐ Unmarried: ☐ Widow/Widower: ☐

1.13. Last Occupation:

Address:
.....

SECTION 2

ACCIDENT PARTICULARS

2.1. Class of Accident:

Fatal: ☐ Grievous Injury: ☐

2.2. Date of Accident

Date: Month Year:

2.3. Time of Accident: AM/PM.

2.4. Place of Accident:

2.4.1. Name of Road/Street:

2.4.2. Grama Niladari Division:

2.4.3. Divisional Secretariat Division:

2.4.4. District:

2.4.5. Province:

2.5. Was Deceased / Injured:

Alone: ☐

With others: ☐

2.6. Name / Address of others:

1

2

2.7. Identity of Hit & Run Vehicle:

2.7.1. Vehicle Type

Bus: ☐ Motor Car: ☐ Lorry: ☐ Three Wheeler: ☐ Van: ☐ Motor Cycle: ☐ Others: ☐

2.7.2. Type:

2.7.3. Colour:

2.7.4. Other information:

2.8. Witnesses to the accident

Name & Address:

1

2

2.9. Relationship if any to Claimant: 3

SECTION 3

GREIVOUS INJURY (Further information)

3.1. Nature of Injury:.....

3.2. Hospitalization Period (If any):

3.3. Present Status:

3.4. Any Permanent Disability:

Yes:

☐

No:

☐

3.5. Parts of organs effected:

Left/Right Upper Arm

☐

Face

☐

Left/Right Fore Arm

☐

Body

☐

Left/Right Upper part of lower limbs

☐

Chest

☐

Left/Right Lower part of lower limbs

☐

Head

☐

Left/Right Eyes

☐

Spine

☐

Left/Right Ears

☐

Left/Right Knee

☐

Others (Specify):

3.6. Number of Dependants of the Deceased or Injured Person:

Full Name	Date of birth	Age	Sex	Relationship to Claimant	Occupation Educational	Salary & Other

Others (Specify):

SECTION 4

CLAIMANT /AGENT DETAILS

(This section has to be filled only if the accident victim is dead)

4.1. Name with Initials:

4.2. Full Name:

4.3. Permanent Address:

4.4. Postal Address (If Different):

4.5. Occupation:.....

Address:.....

.....

4.6. Contact Telephone No.

Home:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Office:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4.7. Date of Birth:

Date:

--	--	--	--

Month

--	--	--	--

Year:

--	--	--	--	--	--

4.8. Age:

Years:

--	--	--	--	--	--

Months:

--	--	--	--

Days:

--	--	--	--

4.9. National Identity Card No.:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Attached photo copy of the identity card)

4.10. Sex:

Male: ☐ Female: ☐

4.11. Civil Status:

Married: ☐ Unmarried: ☐ Widow/Widower: ☐

4.12. Ethnicity:

Sinhala: ☐ Tamil: ☐ Muslim: ☐ Malay: ☐ Burger: ☐ Others: ☐

4.13. Income per Month:

Rs.

4.14. Relationship with Deceased /Injured person:

4.15. Number of Dependants of the Claimant:

Full Name	Date of birth	Age	Sex	Relationship to Claimant	Occupation Educational	Salary & Other

N.B. Copy of documentary evidence and certificates of Birth, Marriage, Death, ect. must be attached to claim.

SECTION 5

INFORMATION REQUIRED FROM POLICE

5.1. Date Accident Reported to Police Station:

Date: Month Year:

5.2. Time accident Reported:

AM/PM.

5.3. Place of Accident:

5.4. Closest Police Station to accident:

5.5. Police Station where accident reported:

5.6. District: Police Division:

5.7. Police Accident Register No.:

5.8. Police Report copy: Attached ☐ Not Attached ☐

SECTION 6

MEDICAL EVIDENCE

6.1. Medical Officer/Practitioner Name:

6.2. Registration No.

6.3. Address:

6.4. Contact Telephone No.

Home:

Office:

6.5. Name of Hospital : Ward No. :

6.6. Period of time treated by Doctor:

6.7. Period of time in Hospital (If hospitalized):

6.8. Hospital discharge certificate: Attached ☐ Not Attached ☐

6.9. Doctors / Hospital Bills: Attached ☐ Not Attached ☐

6.10. Post Mortem Report: Attached ☐ Not Attached ☐

SECTION 7

Documents annexed to the application (attached only copies of certificates)

	YES	NO
7.1. Medical Reports	<input type="checkbox"/>	<input type="checkbox"/>
7.2. Police Reports	<input type="checkbox"/>	<input type="checkbox"/>
7.3. Death Certificate	<input type="checkbox"/>	<input type="checkbox"/>
7.4. Gramasewaka Certificate	<input type="checkbox"/>	<input type="checkbox"/>
7.5. Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>
7.6. Claimant / Deceased Marriage Certificate	<input type="checkbox"/>	<input type="checkbox"/>
7.7. Letter from last employer	<input type="checkbox"/>	<input type="checkbox"/>
7.8. Last will if any of the deceased	<input type="checkbox"/>	<input type="checkbox"/>
7.9. Post Mortem Report	<input type="checkbox"/>	<input type="checkbox"/>
7.10. Moratorium Bill	<input type="checkbox"/>	<input type="checkbox"/>
7.11. Photo Copy of National Identity Card	<input type="checkbox"/>	<input type="checkbox"/>
7.12. Other relevant documents in relation to above claim	<input type="checkbox"/>	<input type="checkbox"/>

I

am the Hit & Run Accident Victim/ Agent of the Deceased person or Injured person.

I certify that the above mentioned information are true and correct to the best of my knowledge.

I am aware that this application will be processed according to the procedures of the National Council for Road Safety and that I would have to abide by the final decision taken by the Council with Sri Lanka regards to the Payment of Compensation.

Date:

.....

Applicants Signature

Gramasevaka Certificate

I certify that the above sections 1 to 7 duly completed by the applicant are true and correct / not acceptable to the best of my knowledge.

Others (Specify):
.....

Date:

.....

Signature

Seal :

Divisional Secretary's Certificate

I certify that the above sections 1 to 7 duly completed by the applicant are true and correct / not acceptable to the best of my knowledge and as certified by the Grama Sevakaof.....

Date:

.....

Signature

Seal :