

1.4	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
1.5	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
1.6	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
1.7	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
1.8	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
1.9	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
1.10	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
1.11	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
1.12	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
1.13	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT

With regards to the information provided under CAF Section – 1, I am satisfied

Not Satisfied

The findings from my inquiry are as follows.

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Signature

CAF-SECTION 2

ACCIDENT PARTICULARS

2.1	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
2.2	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
2.3	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT

2.4.1	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/> NOT RELEVANT
2.4.2	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/> NOT RELEVANT
2.4.3	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/> NOT RELEVANT
2.4.4	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/> NOT RELEVANT
2.4.5	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/> NOT RELEVANT
2.5	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/> NOT RELEVANT
2.6	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/> NOT RELEVANT
2.7.1	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/> NOT RELEVANT
2.7.2	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/> NOT RELEVANT
2.7.3	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/> NOT RELEVANT
2.7.4	<input type="checkbox"/> CORRECT	<input type="checkbox"/> INCORRECT	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/> NOT RELEVANT
2.8	<input type="checkbox"/> ACCEPTABLE	<input type="checkbox"/> NOT ACCEPTABLE		
	<input type="checkbox"/> ACCEPTABLE	<input type="checkbox"/> NOT ACCEPTABLE		
2.9	<input type="checkbox"/> ACCEPTABLE	<input type="checkbox"/> NOT ACCEPTABLE		

With regards to the information provided under CAF Section – 2, I am satisfied

Not Satisfied

The findings from my inquiry are as follows.

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Signature

CAF – SECTION – 3

THOSE WITH GREIVOUS INJURY (Further information)

3.1	<input type="checkbox"/> CORRECT	<input type="checkbox"/>	<input type="checkbox"/> INCORRECT	<input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT	<input type="checkbox"/>
3.2	<input type="checkbox"/> CORRECT	<input type="checkbox"/>	<input type="checkbox"/> INCORRECT	<input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT	<input type="checkbox"/>
3.3	<input type="checkbox"/> CORRECT	<input type="checkbox"/>	<input type="checkbox"/> INCORRECT	<input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT	<input type="checkbox"/>
3.4	<input type="checkbox"/> CORRECT	<input type="checkbox"/>	<input type="checkbox"/> INCORRECT	<input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT	<input type="checkbox"/>
3.5	<input type="checkbox"/> CORRECT	<input type="checkbox"/>	<input type="checkbox"/> INCORRECT	<input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT	<input type="checkbox"/>
3.6	<input type="checkbox"/> CORRECT	<input type="checkbox"/>	<input type="checkbox"/> INCORRECT	<input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT	<input type="checkbox"/>

With regards to the information provided under CAF Section – 3, I am satisfied Not Satisfied

. The information provided by the Claimant should be ammended as follows.

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Signature

CAF-SECTION 4

CLAIMENT / AGENT DETAILS

4.1	<input type="checkbox"/> CORRECT	<input type="checkbox"/>	<input type="checkbox"/> INCORRECT	<input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT	<input type="checkbox"/>
4.2	<input type="checkbox"/> CORRECT	<input type="checkbox"/>	<input type="checkbox"/> INCORRECT	<input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT	<input type="checkbox"/>
4.3	<input type="checkbox"/> CORRECT	<input type="checkbox"/>	<input type="checkbox"/> INCORRECT	<input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT	<input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT	<input type="checkbox"/>

4.4	<input type="checkbox"/> CORRECT <input type="checkbox"/>	<input type="checkbox"/> INCORRECT <input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT <input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT <input type="checkbox"/>
4.5	<input type="checkbox"/> CORRECT <input type="checkbox"/>	<input type="checkbox"/> INCORRECT <input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT <input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT <input type="checkbox"/>
	<input type="checkbox"/> CORRECT <input type="checkbox"/>	<input type="checkbox"/> INCORRECT <input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT <input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT <input type="checkbox"/>
4.6	<input type="checkbox"/> CORRECT <input type="checkbox"/>	<input type="checkbox"/> INCORRECT <input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT <input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT <input type="checkbox"/>
	<input type="checkbox"/> CORRECT <input type="checkbox"/>	<input type="checkbox"/> INCORRECT <input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT <input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT <input type="checkbox"/>
4.7	<input type="checkbox"/> CORRECT <input type="checkbox"/>	<input type="checkbox"/> INCORRECT <input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT <input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT <input type="checkbox"/>
4.8	<input type="checkbox"/> CORRECT <input type="checkbox"/>	<input type="checkbox"/> INCORRECT <input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT <input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT <input type="checkbox"/>
4.9	<input type="checkbox"/> CORRECT <input type="checkbox"/>	<input type="checkbox"/> INCORRECT <input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT <input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT <input type="checkbox"/>
4.10	<input type="checkbox"/> CORRECT <input type="checkbox"/>	<input type="checkbox"/> INCORRECT <input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT <input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT <input type="checkbox"/>
4.11	<input type="checkbox"/> CORRECT <input type="checkbox"/>	<input type="checkbox"/> INCORRECT <input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT <input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT <input type="checkbox"/>
4.12	<input type="checkbox"/> CORRECT <input type="checkbox"/>	<input type="checkbox"/> INCORRECT <input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT <input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT <input type="checkbox"/>
4.13	<input type="checkbox"/> CORRECT <input type="checkbox"/>	<input type="checkbox"/> INCORRECT <input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT <input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT <input type="checkbox"/>
4.14	<input type="checkbox"/> CORRECT <input type="checkbox"/>	<input type="checkbox"/> INCORRECT <input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT <input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT <input type="checkbox"/>
4.15	<input type="checkbox"/> CORRECT <input type="checkbox"/>	<input type="checkbox"/> INCORRECT <input type="checkbox"/>	<input type="checkbox"/> INSUFFICIENT <input type="checkbox"/>	<input type="checkbox"/> NOT RELEVANT <input type="checkbox"/>

With regards to the information provided under CAF Section – 4, I am satisfied

Not Satisfied

The findings from my inquiry are as follows.

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Signature

CAF-SECTION 5

INFORMATION REQUIRED FROM POLICE

5.1	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
5.2	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
5.3	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
5.4	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
5.5	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
5.6	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
5.7	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
5.8	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT

With regards to the information provided under CAF Section – 5, I am satisfied Not Satisfied

.From the Police information my observations are as follows.

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Signature

CAF-SECTION 6

MEDICAL EVIDENCE

6.1	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
6.2	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT

6.3	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
6.4	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
6.5	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
6.6	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
6.7	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
6.8	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
6.9	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT
6.10	CORRECT	INCORRECT	INSUFFICIENT	NOT RELEVANT

With regards to the information provided under CAF Section – 5, I am satisfied

Not Satisfied

From the Medical evidence my observations are as follows.

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Signature

CAF-SECTION 7

Documents annexed to the application

7.1 ACCEPTABLE

NOT ACCEPTABLE

7.2 ACCEPTABLE

NOT ACCEPTABLE

7.3	ACCEPTABLE	<input type="checkbox"/>	NOT ACCEPTABLE	<input type="checkbox"/>
7.4	ACCEPTABLE	<input type="checkbox"/>	NOT ACCEPTABLE	<input type="checkbox"/>
7.5	ACCEPTABLE	<input type="checkbox"/>	NOT ACCEPTABLE	<input type="checkbox"/>
7.6	ACCEPTABLE	<input type="checkbox"/>	NOT ACCEPTABLE	<input type="checkbox"/>
7.7	ACCEPTABLE	<input type="checkbox"/>	NOT ACCEPTABLE	<input type="checkbox"/>
7.8	ACCEPTABLE	<input type="checkbox"/>	NOT ACCEPTABLE	<input type="checkbox"/>
7.9	ACCEPTABLE	<input type="checkbox"/>	NOT ACCEPTABLE	<input type="checkbox"/>
7.10	ACCEPTABLE	<input type="checkbox"/>	NOT ACCEPTABLE	<input type="checkbox"/>
7.11	ACCEPTABLE	<input type="checkbox"/>	NOT ACCEPTABLE	<input type="checkbox"/>
7.12	ACCEPTABLE	<input type="checkbox"/>	NOT ACCEPTABLE	<input type="checkbox"/>

INQUIRING OFFICER'S RECOMMENDATION

I Inquiring Officer registered with the National Council for Road Safety, Sri Lanka (Reg. No.) do here by confirm that I have carried out a fair and proper inquiry into the above Hit & Run Road Traffic Accident claim application that was referred to me.

The inquiry was held on the following datesat the Having studied the claim, I hereby state that I am satisfied / not satisfied and recommend / not recommend Compensation Payment under the National Council for Road Safety Motor Traffic (Amendment) Act No.5 of 1998 to the grievous injured /clamant or agent of the deceased.

Date:

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Signature

OIC's Report

I hereby certify that the above Inquiry was done by Inspector/Sub Inspector
..... attached to my Police station. I forward herewith his findings
and report to the National Council for Road Safety.

Police Station:

Name of OIC:

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Signature