

NATIONAL COUNCIL FOR ROAD SAFETY

HIT & RUN ROAD TRAFFIC ACCIDENT VICTIMS

CLAIM APPLICATION FORM (CAF/1)

CAF/1 Ref. No.

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(For office use only)

SECTION 1

DECEASED /GRIEVOUS INJURY

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

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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

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Office:

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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:
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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	<input type="checkbox"/>	Face	<input type="checkbox"/>
Left/Right Fore Arm	<input type="checkbox"/>	Body	<input type="checkbox"/>
Left/Right Upper part of lower limbs	<input type="checkbox"/>	Chest	<input type="checkbox"/>
Left/Right Lower part of lower limbs	<input type="checkbox"/>	Head	<input type="checkbox"/>
Left/Right Eyes	<input type="checkbox"/>	Spine	<input type="checkbox"/>
Left/Right Ears	<input type="checkbox"/>	Left/Right Knee	<input type="checkbox"/>

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): 4

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:

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:

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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:

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Signature

Seal :

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