NATIONAL COUNCIL FOR ROAD SAFETY

HIT & RUN ROAD TRAFFIC ACCIDENT VICTIMS

CLAIM APPLICATION FORM (CAF/1)

				CAF	'1 Ref	f. No.						ı
							'	(For	office	use o	only)	
SECTION 1												
DECEASED /GRIEVOUS INJURY												
.1. Title: Mr./Mrs./Miss./Ms												
Full Name: (According to the Birth Ce	ertificate)											
1.2 Name with Initials:		<u> </u>	ı									
												L
.3. Permanent Address:	, ,	1	Т									
												L
.4. Postal Address: (If Different)	, ,											_
												ĺ

1.6. Date of Birth:
Date: Month Year:
1.7. Age:
Years: Days:
1.8. Are you a citizen of Sri Lanka? Yes. No.
Tes. 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
2.2. Dute of Accident
Date: Month Year:
2.3. Time of Accident: AM/PM.

2.4. Place of	Accident	:																		
2.4.1. N	Name of I	Road/S	Street:																	
2.4.2. G	3rama Ni	ladari	Divisi	ion:																
2.4.3. D	Divisional	Secre	etariat	Divis	ion: .															
2.4.4. D	District:																			
2.4.5. P	rovince:																			
2.5. Was Dec	ceased / In	njured	:		Alon	e:]		With	other	s:								
2.6. Name / A	Address o	of othe	rs:																	
1																				
2	Ī											I								
2.7.1. V	Vehicle T	ype or Car:	:		l I	Lorry:		Three Whee				Van:		Mo	tor Cy	/cle:		Oti	hers:	
2.7.2. T	ype:																			
2.7.3. C	Colour:																		· • • • • • • •	
2.7.4. O	Other info	rmatio	on:																	• • • • • • •
2.8. Witnesse	es to the a	occide	nt																	
Name & Add																				
1		T				T	T		T			ı	T		T	T				
2			T .	T .		T	T	•	T			T	T	T	T	T	•			

2.9. Relationship if any to Claimant:

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SECTION 3

GREIVOUS INJURY (Further information)

<u> </u>						
3.1. Nature of Injury:						
3.2. Hospitalization Period (If an	ny):					
3.3. Present Status:						
3.4. Any Permanent Disability: Yes:	No	:				
3.5. Parts of organs effected:			[
Left/Right Upper Ar	m			Face		
Left/Right Fore Arm	L			Body		
Left/Right Upper par	rt of lower limbs			Chest		
Left/Right Lower pa	rt of lower limbs			Head		
Left/Right Eyes				Spine		
Left/Right Ears				Left/Right Kne	e	
Others (Specify):						
3.6. Number of Dependants of the	he Deceased or In	jured Person:				
Full Name	Date	Age		Relationship	Occupation	Salary &
	of birth			to Claimant	Educational	Other
					+	
					+	
		1				

Others (Specify):

SECTION 4

CLAIMENT /AGENT DETAILS

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

4.1.	4.1. Name with Initials:																		
				1	1														
42	Full N	ame.																	
7.2.	T GIT TV	diffe.																	
4.3.	Perma	nent A	Addre	ss:		I	I	I	I		I	I							
4.4.	Postal	Addr	ess (If	Diffe	erent):														
						<u> </u>					<u> </u>	<u> </u>							
15	0000	ati an .																	
4.3.	Occup	auon.		• • • • • • • • • • • • • • • • • • • •	• • • • • • •			• • • • • •			• • • • • • •				• • • • • •	 • • • • • •	 		 •••••
Add	ress:		•••••				• • • • • • •		• • • • • •	• • • • • • •	• • • • • •	• • • • • •		•••••		 	 • • • • • •	• • • • • • •	 •••••
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4.6.	Contac	et Tele	ephon	e No.				ı	ı	ı	ı	1)			
				Hom	e:														
																1			
				Offic	e:														
4.7.	Date o	f Birt	h:																
		Date						Mon	th					Year	•				
		2 400	-	<u>. </u>		J		1,1011			I	J		1000	•				
10	A																		
4.8.	Age:	T 7			l]		.1]		ъ					
		Year	s:	<u> </u>			J	Mon	ıns:	<u> </u>				Days	:				
								1	1	Ī		Ī							
4.9.	Nation	ıal Ide	entity	Card I	No.:														
							/ A	1 1	1 .		C .1	. 1	. • .	1\					_

4.10. Sex: Male:	Female:								
4.11. Civil Status: Married:	Unmarried	:		Widow/Widow	er:				
4.12. Ethnicity: Sinhala: Tamil:	Musl	im:	Ma	lay:	Burger:	Others:			
4.13. Income per Month:4.14. Relationship with Deceased	4.13. Income per Month: Rs. 4.14. Relationship with Deceased /Injured person:								
4.15. Number of Dependants of the Claiment:									
Full Name	Date	Age	Sex	Relationship	Occupation	Salary &			
	of birth			to Claimant	Educational	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 Po	olice Station: Mont	h		Year:]			
5.2. Time accident Reported: AM/PM.									

5.3. Place of Accident:

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5.4. Closest Police Station to accident:												
5.5. Police Station where acci	ident reported:											
5.6. District:			Po	olice Div	ision: .							
5.7. Police Accident Register	No.:		•••••		••••							
5.8. Police Report copy:	Attached			Not .	Attache	ed						
SECTION 6 MEDICAL EVIDENCE												
6.1. Medical Officer/Practitio	ner Name:						_					
6.2. Registration No.												
5.3. Address:												
U.S. 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 Hospita	ıl (If hospitalized):			•••••							
6.8. Hospital discharge certifi	cate:	Attached			Not A	attached						
6.9. Doctors / Hospital Bills:		Attached			Not A	attached						
6.10. Post Mortem Report: Att				Not Attached							7	

SECTION 7

<u>Documents annexed to the application (attached only copies of certificates)</u>

	YES	NO
7.1. Medical Reports		
7.2. Police Reports		
7.3. Death Certificate		
7.4. Gramasewaka Certificate		
7.5. Birth Certificate		
7.6. Claimant / Deceased Marriage Certificate		
7.7. Letter from last employer		
7.8. Last will if any of the deceased		
7.9. Post Mortem Report		
7.10. Moratorium Bill		
7.11.Photo Copy of National Identity Card		
7.12. Other relevant documents in relation to above claim		
I		
am the Hit & Run Accident Victim/ Agent of the Deceased pe		
I certify that the above mentioned information are true and co	rrect to the best of my	y knowledge.
I am aware that this application will be processed according to	o the procedures of th	e National Council for Road Safety
and that I would have to abide by the final decision taken	•	·
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
	č
	Seal:
	Scal
<u>Divisional Secretary's Certificate</u>	
I certify that the above sections 1 to 7 duly completed by the applicant a	re true and correct / not acceptable to the best of
my knowledge and as certified by the Grama Sevaka	of
Date:	
Date:	
	Signature
	Saal ·

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