FORM-I

FIRST ACCIDENT REPORT (FAR)

By Investigating Officer to Claims Tribunal
Within 48 hours of the receipt of intimation of the Accident
Copy to Victim(s), Insurance Company and DSLSA

FIR No.	
Date	
Under Section	
Police Station	

1.	**Date of Accident**	
2.	**Time of Accident**	
3.	**Place of Accident**	
4.	**Source of Information**	□ Driver/Owner □Victim □Witness □ Hospital □ Good Samaritan □ Police □Others (Specify)
	Name, mobile number & address of the Informant	
	Name	
	Mobile No.	
	Address	
5.	**Nature of Accident**	□ Injury □ Fatal □ Damage/loss of the property □ Any other loss/injury
	Number of Vehicles involved	
	Whether Registration Number of the Offending Vehicle known	□ Yes □ No

	Whether offending vehicle impounded by the police	□ Yes	□ No
	Whether the driver of the offending vehicle found on the spot	□ Yes	□ No
	Number of Fatalities		
	Number of Injured		
6.	**Details of the Hospital where victim(s) taken**		
	Hospital Name		
	Address		
	Doctor's Name		
7.	**Availability of CCTV Footage** If yes, CCTV Footage be preserved and be filed with DAR	□ Yes	□ No
8.	**Details of Owner(s), Driver(s) and Insurance of the Vehicle(s)**		
	Details	**Vehicle 1 (Offending vehicle)**	**Vehicle 2**
	Vehicle Details		
	Vehicle Registration No:		
	Driver Details		
	Name of the Driver		
	Address of Driver		
	Mobile No. of Driver		
	Owner Details		
	Name of the Owner		

	Address of Owner		
	Mobile No. of Owner		
	Insurance Details		
	Insurance Policy No.		
	Period of Insurance Policy		
	Name of Insurance Company		
	Address of Insurance Company		

9.	**Details of Victim(s)**		
	Name	**Deceased /Injured**	**Address & Contact Details**
(i)			
(ii)			
(iii)			
(iv)			
(v)			
(vi)			

S.H.O./I.O

P.I.S. No. : _____

Phone No. : _____

P.S. : _____

Date : _____

Documents to be attached:

(i) Copy of FIR