

**APPLICATION FORM FOR
COMPENSATION TO THE VICTIMS OF HIT-AND-RUN MOTOR ACCIDENTS**

Victims Biodata

1. Name : _____
2. Fathers Name : _____
3. Village : _____
4. Date of Accident : _____
5. Place of Accident : _____
6. Death or Hurt (✓) :

1. Death

i. Applicant Bank Name

ii. Applicant Bank Branch

iii. Applicant Bank Account No.

iv. Applicant IFSC

2. Hurt

i. Victim Bank Name

ii. Victim Bank Branch

iv. Victim Bank Account No.

iv. Victim IFSC

Applicant Biodata

1. Name : _____
2. Fathers Name : _____
3. Village : _____
4. Relationship : _____

List of documents submitted :

1. Voter ID Xerox attested copy (Victims or Applicant).
2. Bank Passbook Xerox attested copy (Victims or Applicant).
3. Copy of the cashless/treatment bill, if any, of the Hospital treated the victim.
4. Photo copy if any, during accident.