

**GOVERNMENT OF ODISHA  
COMMERCE & TRANSPORT (TRANSPORT) DEPTT.**

No. 3663 /T., Dated Bhubaneswar the 14.05.18  
TRN-LC-MISC-51/2017

**NOTIFICATION**

In pursuance of the direction of the Supreme Court Committee on Road Safety, the State Government do hereby create a Solatium Fund with a token provision of Rs.1.00 Crore (One Crore Rupees) for payment of compensation to the victims of hit and run motor accident cases. The detailed guidelines for release of compensation out of the said fund are as follows:

**I. Management of Fund**

1. The Fund shall be managed by the Transport Commissioner and the provision made by the Government for the aforesaid Fund shall be kept in a Separate Bank Account in any of the Banks recognized by the Reserve Bank of India.
2. The Transport Commissioner is declared as the "Claim Settlement Officer".
3. The concerned RTO is declared as the "Claim Enquiring Officer".

**II. Amount of Compensation**

There shall be paid as compensation

- (a) in respect of death of any person a fixed sum of two lakh rupees.
- (b) in respect of grievous hurt to any person, a fixed sum of fifty thousand rupees.



### **III. Procedure for claiming compensation from the fund**

1. The applicant shall submit an application seeking compensation from the fund in Form-I alongwith duly filled in discharge certificate in Form II and an undertaking in Form-V to the Claim Enquiring Officer of the Region where the accident takes place.
2. The application shall be made within a period of 6(six) months from the date of accident.
3. Where the Claims Enquiring Officer does not accept the grounds advanced by the applicant, he shall record a speaking order and communicate the same to the applicant for not accepting the claim application.

### **IV. Procedure to be followed by RTO (Claims Enquiring Officer)**

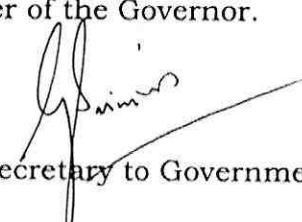
1. On receipt of the application, the Claims Enquiring Officer shall immediately obtain a copy of the FIR, inquest report, post mortem report/certificate of inquiry from the concerned authorities and hold enquiry in respect of claims arising out of hit and run motor accidents.
2. In case of more than one claimants, the RTO shall decide as to who are rightful claimants.
3. The RTO will submit a report in Form-III along with duly discharge receipt in Form-II and the undertaking in Form-V and his recommendation to the Claim Settlement Officer within one month.



**V. Sanction of claim**

1. On receipt of report from the RTO, Transport Commissioner shall sanction the claim as far as possible within 15 days from the date of receipt of report from the RTO and communicate the sanction order in Form-IV and intimate the same to the Claimant and RTO.
2. In case of claims arising out of death, the payment shall be made to the legal representative of the deceased as decided by RTO & in case of claims arising out of grievous hurt, the payment shall be made to the person injured in shape of cheque/demand draft and will be sent to the claimant by Registered Post.
3. If the details of the vehicle made accident is detected at a later date, the claimant has to refund the amount to Transport Commissioner out of the claims settled by the Insurance Company/Claims Tribunal as the case may be.

By order of the Governor.

  
Principal Secretary to Government.

Memo No. 3664 /T., Dated 14.05.18

Copy along with its soft copy forwarded to the in-charge, Gazette Cell, C & T (Commerce) Department with a request to publish this notification in the extraordinary Odisha Gazette and to provide 100 copies of the same to this Department for record.

E-mail

Memo No. 3665 /T., Dated 14.05.18

Copy forwarded to all Departments/All Heads of Departments/All Collectors/All SPs/Secretary, OLA, Bhubaneswar/Registrar, Orissa High Court, Cuttack/ State Head, NHAI, Bhubaneswar/DG & IG of Police, Odisha, Cuttack/I.G of Police(Crime), Odisha, Cuttack/GM(Admn)., OSRTC, Bhubaneswar/Chief

Engineer, NH, Odisha, Bhubaneswar/Chief Engineer, Road, Odisha, Bhubaneswar/All Deputy Commissioners, Cuttack/Berhampur/Sambalpur/All RTOs for information.

*l. H. G. 14/5/18*

Under Secretary to Government.

Memo No. 3666 /T., Dated 14.05.18

Copy forwarded to the Joint Secretary, Ministry of Road Transport & Highways, Deptt. of Road Transport, Govt. of India, New Delhi for information.

*l. H. G. 14/5/18*

Under Secretary to Government.

Memo No. 3667 /T., Dated 14.05.18

Copy forwarded to the Secretary, Supreme Court Committee on Road Safety, New Delhi for information.

*l. H. G. 14/5/18*

Under Secretary to Government.

E-mail

Memo No. 3668 /T., Dated 14.05.18

Copy forwarded to the Transport Commissioner, Odisha, Cuttack for information and necessary action.

*l. H. G. 14/5/18*

Under Secretary to Government.

Memo No. 3669 /T., Dated 14.05.18

Copy forwarded to the P.S. to Chief Minister, Odisha/P.S. to Minister, C & T, Odisha/P.S. to Chief Secretary, Odisha/P.S. to DC-cum-ACS/P.S. to APC/P.A. to Principal Secretary, C & T Department/P.A. to CRC & Special Secretary, C & T Department for kind information of Hon'ble Chief Minister, Odisha/ Minister, C & T, Odisha/Chief Secretary, Odisha/DC-cum-ACS/APC/Principal Secretary, C & T Department/CRC & Special Secy respectively.

*l. H. G. 14/5/18*

Under Secretary to Government.

Memo No. 3670 /T., Dated 14.05.18

Copy to Guard File (10 copies).

*l. H. G. 14/5/18*

Under Secretary to Government.



**Solatium Fund of Odisha**

**Form – I**

I, ..... son of/daughter of/widow of \*Shri..... residing at ..... hereby apply as a legal representative/ agent for the grant of compensation on account of death/injuries sustained by Shri/Shrimati/Kumari ..... son of /daughter of/widow of Shri..... who died/ had sustained injuries in a motor vehicle accident on ..... At ..... Particulars in respect of accident and other information are given below:-

1. Name and father's name of person injured(husband's name in case of married woman or widow):
2. Address of the person injured/dead:
3. Age..... Date of Birth.....
4. Sex of the person injured/dead:
5. Place, date and time of the accident:
6. Occupation of the person injured/dead:
7. Nature of injuries sustained:
8. Name and address of Police Station in whose jurisdiction accident took place or was registered:
9. Name and address of the Medical Officer/Practitioner who attended on the injured/dead:
10. Name and address of the claimant/claimants:
11. Relationship with the deceased:
12. Any other information that may be considered necessary or helpful in the disposal of the claim:

I hereby swear and affirm that all the facts noted above are true to the best of my knowledge and belief.

SIGNATURE OF THE CLAIMANT

\*Strike out whichever is not applicable.

**Solatium Fund of Odisha**  
**Form – II**

**SANCTION ORDER NO:**

**Dated:**

Discharge Receipt

Received with thanks from ..... Claims Settlement Officer (T.C.,Odisha) sum of ₹..... being the compensation under hit and run provisions of the Motor Vehicles Act in full and final settlement of my claim for the accident occurred to me/to the deceased person.....(name of deceased) on .....(date of accident) at..... (name of place).

Signature on revenue stamp  
by beneficiary/victim

WITNESS:

**Solatium Fund of Odisha**

**Form – III**

**Claims enquiry report to be submitted by the Claims Enquiry Officer to the  
Claims Settlement Commissioner**

1. Name and address of the person dead/injured:
2. Place, time and date of the accident:
3. Particulars of the Police Station in which the accident was registered:
4. Particulars of the Medical Officer/Practitioner who examined the dead/  
injured.
5. Particulars of persons summoned and examined:
6. Whether the fact of death/injury by hit and run motor accident has been  
established or not and the reason for coming to that conclusion:
7. The name and address of claimant(s) eligible for payment of compensation:
8. The amount of compensation recommended for payment to the claimant.  
(In case of more than one claimant the amount each one of the claimants is  
eligible and reasons thereof shall be specified).
9. Any other information or records relevant or useful for the settlement of  
the claim.

Signature, designation of the  
Claims Enquiry Officer.

Seal:  
Date:

**Solatium Fund of Odisha**

**Form – IV**

Serial No.....  
Claim Settlement Commissioner  
District.....

**ORDER**

I hereby sanction ₹ ..... as compensation in respect of the death of .....(Name of deceased)/grievous hurt to ..... (Name of the injured) resulting from hit and run motor accident which took place at ..... (Name of place) on .....(Date) to Shri/Shrimati/ Kumari..... as legal representative of the deceased (.....) or to ..... (Name of injured).

Claims Settlement Commissioner

CC to:-

1. The Claimant;
2. Motor Vehicles Accident Claims Tribunals;
3. Claims Enquiry Officer;
4. Secretary, C &T (Transport) Dept.



**Solatum Fund of Odisha**

**Form – V**

I/We..... as legal representative(s) of the deceased/injured..... hereby give undertaking that I/We shall refund the amount of compensation awarded to me/us under sanction order No..... dated..... by the Claims Settlement Commissioner..... to the Claims Settlement Officer in case I/We am/are awarded any other compensation or amount in lieu of or by way of satisfaction of a claim for compensation in respect of death or grievous hurt to ..... under any other provisions of the Motor Vehicles Act, 1988 or any other law for the time being in force or otherwise.

Signature of the legal representative  
of the deceased/injured person.