

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.

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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:

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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:

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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.

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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.