

FORM-X

VERIFICATION REPORT

By Investigation Officer to Claims Tribunal
 Along with DAR within ninety (90) days of Accident
 Through information available on VAHAN Database

FIR No.	
Date	
Under Section	
Police Station	

1.	Vehicle Registration No.	
	Validity Period	
2.	Engine No.	
3.	Chassis No.	
4.	Category of Vehicle	LMV/HMV/MGV Private or Commercial
5.	Vehicle Make & Model	
	Make	
	Model	
6.	Owner Details	
	Name	
	Address	
7.	Details of Insurer	
8.	Details of Permit	
	Permit No.	
	Validity	
9.	Details of fitness certificate	
	Fitness Certificate No.	
	Validity	
10.	In case record not available, state reasons	

S.H.O/I.O

P.I.S/EMPLOYEE No. : _____

Phone No. : _____

P.S. : _____

Date : _____