

**FORM- VI**

**VICTIM'S/ CLAIMANT'S FORM**

By Victim(s)/ claimant(s) and Medical Officer(s) to Investigating Officer within sixty (60) days  
of Accident Copy to Insurance Company and SLSA

FIR No.	
Date	
Under Section	
Police Station	

1.	Date of Accident	
2.	Time of Accident	
3.	Place of Accident	
4.	Nature of case	Simple Injury Grievous Injury Fatal Damage/loss of the property Any other loss/injury
5.	Registration Number of the offending	
6.	Owner Details	
	Name	
	Address	
7.	Driver Details	
	Name	
	Address	
8.	Insurance Details	
	Policy No.	
	Period of Policy	
	Name of Insurance Company	
<b>DEATH CASE</b>		
9.	Name of the deceased	
10.	Father's Name	
11.	Age / Date of Birth	
12.	Date of death	
13.	Gender of the deceased	

14.	Marital status of the deceased				
15.	Occupation of the deceased				
16.	If the deceased was employed, give the name and address of the employer				
17.	Income of the deceased				
18.	Whether the deceased was assessed to Income Tax If yes, file the copy of Income Tax Returns for the last three years	Yes No			
19.	Whether the deceased was the sole earning member of the family	Yes No			
20.	Details of medical treatment Given to the deceased, prior to death. Give details of medical expenses incurred				
21.	Whether the victim got reimbursement of medical expenses from his employer or under a Mediclaim policy or under any government cashless Treatment scheme or government insurance scheme.				
22.	Name, Age, Gender, Relation and Marital Status of Legal Representatives of the deceased				
	Name	Age/ Date of Birth	Gender	Relation	Marital Status
i.					
ii.					
iii.					
iv.					
v.					
vi.					
23.	Name, Contact Number and Address of Legal Representatives of the deceased				
	Name	Contact Number	Present Address as well as Permanent Address		
i.					
ii.					
iii.					
iv.					
v.					
vi.					

24.	In case of children below the age of 18 years			
	Name of Child	Details of school and class of the child	Annual School fee	Approximate expenditure of the child
i.				
ii.				
iii.				
iv.				
v.				
vi.				
<b>INJURY CASE</b>				
25.	Name of the Injured			
26.	Father's Name			
27.	Address of the Injured			
28.	Contact No. of Injured			
29.	Age/ Date of Birth			
30.	Gender of the Injured			
31.	Marital status of the Injured			
32.	Occupation of the Injured			
33.	If the Injured was employed, give the name and address of the employer			
34.	Income of the Injured			
35.	Whether Injured assessed to Income Tax If yes, file the copy of Income Tax Returns for the last three	Yes	No	
36.	Nature and description of Injury			
37.	Medical treatment taken by the Injured			

38.	Name of hospital and period of hospitalization Hospital Name Period of Hospitalization Doctor's Name			
39.	Details of surgery(s), if undergone			
40.	Whether any permanent disability If yes, give details	Yes	No	
41.	Details of the family of the Injured			
	Name	Age/ Date of Birth	Gender	Relation
i.				
ii.				
iii.				
iv.				
v.				
vi.				
42.	In case of children below the age of 18 years			
	Name of Child	Details of school And class of the child	Annual School fee	Approximate expenditure of the child
i.				
ii.				
iii.				
iv.				
v.				
vi.				
43.	Pecuniary Losses suffered			
i.	Expenditure on treatment			

ii.	If treatment is still continuing, Give the estimate of expenditure likely to be incurred on future treatment	
iii.	Expenditure on conveyance, special diet, attendant charges, etc.	
iv.	Loss of income	
v.	Loss of earning capacity	
vi.	Any other pecuniary loss/damage	
44.	Whether the injured got reimbursement of medical Expenses from his employer or under a Medclaim policy or Under any government cashless treatment scheme or Government insurance scheme If yes, provide details	Yes No
45.	Value of loss/damage to the property	
46.	Any additional information	
47.	Brief description of the accident	
48.	Compensation claimed	
<b>49.</b>	<b>Hospital details</b>	
i.	PMJAY Empanelled	Yes No
ii.	Hospital name	
iii.	State	
iv.	District	
v.	Address	
vi.	Pin code	
vii.	Hospital Type	Government Private
viii.	Classification (if Government)	Primary Health Centres Community Health Centres District Hospitals Medical Colleges and Research Institutions
ix.	Speciality (if Private)	Multispecialty hospital

	Allergy Anesthesia Bariatric Medicine/Surgery Burn/Trauma Cardiac Catheterization Cardiology Cardiovascular Surgery Dermatology Electrophysiology Emergency Medicine Endocrinology Family practice Gastroenterology General Surgery Geriatrics Gynecology/ oncology Hematology/oncology Hepatobiliary Hospitalist Infectious Disease Internal medicine Interventional radiology Medical genetics Neonatology Neuroradiology Neurology Neurosurgery Nuclear medicine Obstetrics & Gynecology Occupational Medicine Ophthalmology Oral Surgery Orthopedics Otolaryngology/ Head & Neck Surgery Pain Management Palliative Care Pathology: Surgical & Anatomic Pediatric Intensivist Physical Medicine Plastic & Reconstructive Surgery
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		Pediatric Surgery Psychiatry Pulmonary Medicine Radiation Oncology Radiology Rheumatology Surgical Oncology Thoracic Surgery Transplant Surgery Urology Vascular Surgery Wound Care ENT
x.	Mobile	
xi.	National Identification Number(NIN)	
xii.	Landline	
xiii.	E-Mail	
xiv.	Username	
xv.	Password	
xvi.	Retype Password	
xvii.	Hospital Location	
xviii.	Police District	
xix.	Police Station	
<b>50.</b>	<b>Patient's details</b>	
i.	Patient Type	Medico Legal Death – Out Patient (MLD-OP) Medico Legal Death – In Patient (MLD-IP)
ii.	In Patient/ Out Patient	
iii.	Time of Arrival	
iv.	Patient Name	
v.	Patient Age	
vi.	Patient Contact Number	
vii.	Gender	Male Female TG

viii.	Injury Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized
ix.	Relation (if Male/TG)	Father Guardian
x.	Relation (if Female)	Father Mother Guardian
xi.	Father Name	
xii.	Patient Address	
xiii.	Accident Register Number	
xiv.	ID Proof	Voter ID PAN Card Aadhaar Card Driving Licence Others ID Proof Unavailable
xv.	ID Proof Number	
xvi.	Identification Mark 1	
xvii.	IdentificationMark2	
xviii.	Informant Name	
xix.	Informant Address	
xx.	Contact Number	
xxi.	Doctor Name	
xxii.	Doctor Regn. Number	
51.	Treatment details	



i.	Injured Part of Body	Back Injury Buttocks Injury Chest Injury Face Hand Head Hip Knee Leg Neck Not applicable Shoulders Injury Abdominal
ii.	Trauma Flag/Triage	Red Yellow Green Black No Pre Arrival Intimation Not recorded or inadequately described
iii.	Injury Nature	Blunt Abdominal Trauma Cranial Trauma Fracture or Dislocation of Bone or Tooth Severe Coma Permanent Disfigurement of Head or Face Privation of any Member or Joint Wounds or Cut Degloving Injury
iv.	Level of Consciousness	Alert Drowsy Un Responsive
v.	Breathing	Spontaneous Breathing Non Spontaneous Breathing
vi.	Systolic BP (MM)	
vii.	Diastolic BP (MM)	
viii.	Pulse /Heart Rate (BPM)	
ix.	Respiratory Rate	

x.	SPO2 (%)	
xi.	Temperature (°F)	
xii.	Orientation	Oriented Disoriented
xiii.	Description of Pupil	Equal in Size-Normal Reaction Not-Equal Constricted Dilated and Fixed
xiv.	Physical Examination	Open or Closed suspected Skull Fracture Chest Injury including Pneumothorax Not recorded / Inadequately described Suspected Pelvic Injury Spinal Injury Crush Injury including Degloving Pre-hospital data unavailable Amputation proximal to wrist and make Penetrating to Head, Neck, Torso
xv.	Treatment	Surgical Management Conservative Management
xvi.	Opinion Obtained	Cardiac Opinion ENT Opinion Gastro General Physician General Surgeon Internal Medicine Neurosurgeon Ophthalmology Ortho

xvii.	X Rays Done	Head/ Skull Cervical Spine Thoracic spine Lumbar spine Chest Abdomen/ pelvis Kidney, Ureter & Bladder Upper Limb Lower Limb X Ray Not done X Ray Not Needed Not recorded or Inadequately described
xviii.	CT Scan	Head/ Skull Spine Chest Abdomen/pelvis Other CT Scan Not done CT Scan Not Needed Not recorded or Inadequately described Doppler ultrasound Fast extended focused Ultra Scan
xix.	Emergency Department Disposition	Discharged Home Left against medical advice Ward Transferred to another hospital Operation theatre
		Intensive care unit Died in Emergency Disposition Brought Dead
52.	History as stated by the	
53.	Details of Injuries	
<b>54.</b>	<b>Discharge Summary</b>	
i.	Name of the doctor	
ii.	Doctor Regn. No.	
iii.	Condition at admission	
iv.	Results of clinical investigation if any	

v.	Injuries diagnosed other than those noted in the Wound Certificate, if any	
vi.	Details of treatment given, including those of surgical and other procedures if any	
vii.	Condition at discharge	
viii.	Advice given at the time of discharge regarding further treatment if necessary	
ix.	Remarks if any	
<b>55.</b>	<b>Drunkenness Certificate</b>	
i.	Whether under arrest or not	Yes No
ii.	Consent	
iii.	Date & time of examination	
iv.	History	
v.	Smell of alcohol in breath	Present Absent
vi.	Speech	Normal Thick and slurred Incoherent
vii.	Clothing	Decently Dressed Disordered Soiled Torn
viii.	General Disposition	Calm Talkative Abusive Aggressive
ix.	Self Control	Normal Impaired
x.	Memory	Normal Impaired
xi.	Orientation of time & space	Normal Impaired
xii.	Reaction time	Normal Delayed
xiii.	Gait	Normal Unsteady Unable to stand up right
xiv.	Finger nose test	Positive Negative
xv.	Romberg's sign	Positive Negative
xvi.	Special examination (Blood & urine)	Preserved Not Preserved

xvii.	Reflexes	Normal Exaggerated Sluggish
xviii.	Any other findings/ Injuries on the body	
<b>56.</b>	<b>Postmortem Certificate</b>	
i.	Alleged cause of death as per inquest	
ii.	Assisted by	
iii.	Medical Officer	
iv.	Remarks if any	

Documents to be submitted

**In Death Cases:**

1. Death certificate
2. Proof of age of the deceased which may be inform of (a) Birth Certificate; (b) School Certificate;(c) Certificate from Gram Panchayat (in case of illiterate); (d) Aadhar Card etc.
3. Proof of Occupation and Income of the deceased which may be inform of (a) Payslip/ salary certificate (salaried employee) (b) Bank statements of the last six months (c) Income tax Returns for last three years (d) Balance Sheet, etc.
4. Proof of the legal representatives of the deceased such as ration card, passport, etc.
5. In case of legal heirs below the age of 18, copy of school ID, proof of school fee, proof of other expenses/ expenditure of the children.
6. Treatment record, medical bills and other expenditure prior to death
7. Bank Account no. of the legal representatives of the deceased near the place of their residence with name and address of the bank along with the necessary endorsement
8. Proof of reimbursement of medical expenses by employer or under a Mediclaim policy,if taken
9. Any other document

**In Injury Cases:**

1. Multi angle photographs of the injured
2. Proof of age of the injured which may be inform of (a) Birth Certificate; (b) School Certificate;(c) Certificate from Gram Panchayat (in case of illiterate ); (d) Aadhar Card etc.
3. Proof of Occupation and Income of the injured which may be inform of (a)Pay slip/ salary certificate (salaried employee) (b) Bank statements of the last six months (c) Income tax Returns for the last three years (d) Balance Sheet, etc.
4. Treatment record, medical bills and other expenditure. In case of continuing treatment give proof of future medical expenditure.
5. Proof of absence from work where loss of income on account of injury is being claimed, which may be in the form of (a) Certificate from the employer; (b) Extracts from the attendance register.
6. In case of legal heirs below the age of 18, copy of school ID, proof of school fee, proof of other expenses/ expenditure of the children

7. Bank Account no. of the injured near the place of his residence with name and address of the bank along with the necessary endorsement

8. Proof of reimbursement of medical expenses by employer or under a Medclaim policy, if taken

9. Any other document

Other documents to be submitted

1. X Ray

2. CT Scan

3. ECG

4. Other documents Verification:

Verified at \_\_\_\_\_ on this \_\_\_ day of \_\_\_ that the contents of the above Form are true to my knowledge and the documents attached are true copies of the originals

Name and signature of the injured/legal representative of deceased			
S.No.	Name	Signature	Photograph
1.			
2.			
3.			
4.			
5.			
6.			