

**FORM-IV****OWNER'S/ INSURED'S FORM**

By Owner of the vehicle(s) to Investigating Officer

Within thirty (30) days of Accident

Copy to the Victim(s) and Insurance Company

FIR No.	
Date	
Under Section	
Police Station	

1.	Vehicle Details	
	Registration No.	
	Colour	
	Make	
	Model	
	Year of Manufacture	
	Chassis No.	
	Engine No.	
	Registering Authority Name	
	Vehicle Type	Motorised 2-wheeler Auto Car/Jeep/Taxi Cycle Rickshaw Bicycle Hand Drawn Cart Tempo/Tractor Bus Truck/Lorry Animal Drawn Cart Heavy Articulated Vehicle/Trolley Not Known Other (Specify)
Vehicle Use Type	Private Vehicle Commercial Vehicle Goods & Carriage Garbage Truck Taxi/Hired Vehicle Public Service Vehicle Educational Institute Bus Others (Specify)	
2.	Owner Details	
	Name	
	In case of a company, give name of person in-charge in terms of section 199 of the Motor Vehicles Act, 1988	
	Father's Name	
	Mobile No.	
	Address	
Occupation		

3.	Driver Details	
	Name	
	Father's Name	
	Mobile No.	
	Address	
	Driving License No.	
	Period of Validity	
	Licensing Authority	
4.	Insurance Details	
	Policy No.	
	Period of Policy	
	Name of Insurance Company	
	Address of Insurance Company	
	Details of previous Insurance Policy	
	Whether the vehicle previously involved in any MACT case? If yes, give details of FIR and MACT case.	
5.	In case of commercial vehicle	
	Permit details	
	Fitness details	
6.	Whether the owner reported the accident to the Insurance Company	Yes          No
7.	Other details	
i.	Load Category	Passengers          Goods
ii.	Age of vehicles	
iii.	Vehicle Description	Transport Vehicle Non-transport Vehicle
iv.	Pollution under Control Certificate Validity	
v.	Tax Details	
vi.	Seat Capacity	
vii.	Insurance Company	

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 their originals.

Documents to be attached:

- i. ID/address proof
- ii. Registration Certificate
- iii. Driving License of the Driver
- iv. Insurance Policy
- v. Permit
- vi. Fitness