

FORM - V

INTERIM ACCIDENT REPORT (IAR)

By Passenger(s) and Pedestrian(s) to Investigating Officer to Claims Tribunal Within
fifty (50) days of Accident

Copy to Victim(s) and Insurance Company and SLSA

FIR No.	
Date	
Under Section	
Police Station	

1.	Date of Accident	
2.	Time of Accident	
3.	Place of Accident	
4.	Offending Vehicle	
	Registration No.	
	Vehicle Make	
	Vehicle Model	
5.	Driver of the offending vehicle	
	Name	
	Father's Name	
	Mobile No.	
	Address	
	Driving Licence	Permanent Learner's Juvenile Without License Others(Specify)
	Driving Licence No.	
	Validity of Licence	
	Licensing Authority	
6.	Owner of the offending vehicle	
	Name	
	Father's Name	
	Mobile No.	
	Address	
7.	In case of commercial vehicle	
	Permit details	
	Fitness details	

8.	Insurance Details	
	Policy No.	
	Period of Policy	
	Name of Insurance Company	
	Address of the Insurance Company	
9.	Witness(es) to the accident	
	Witness-1 Name	
	Mobile No.	
	Address	
	Witness-2 Name	
	Mobile No.	
	Address	
	Witness-3 Name	
	Mobile No.	
	Address	
	Witness-4 Name	
	Mobile No.	
	Address	
10.	Brief description of the Accident	
11.	Details of compliance(s)	
i.	Date of filing of First Accident Report (FAR)	
ii.	Date of up loading FAR on the website of Delhi Police	
iii.	Date of delivery of FIR and FAR to the Insurance Company	
iv.	Date of delivery of FIR Form-II and FAR to the Victim(s)	
v.	Date of receipt of Form-III from the Driver	
vi.	Date of receipt of Form-IV from the Owner	
vii.	Date of delivery of Form-III and Form-IV to the Insurance Company	
viii.	Date of delivery of Form-III and Form-IV to the Victim(s)	
ix.	Whether the information/ documents of the driver/ owner have been verified. If yes, attach the Verification Report	Yes No
12.	Passenger details	
i.	Gender	Male Female TG

ii.	Occupation	Advocate Business Clerk Doctor Driver Engineer Farmer House Keeper Labourer Police Officer Politician Retired Officer Student Unemployed Vendor/ Small Business Owner Worker Other
iii.	Severity	Fatal
		Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury
iv.	Injury Type	Back Injury Buttocks Injury Chest Injury Face Hand Hip Knee Leg Neck Not Applicable Shoulders Injury Abdominal
v.	Mode of Hospitalization	108 Ambulance Not Hospitalized By Self Private Ambulance Private Vehicle

vi.	Hospitalization Delay	<30 Minutes >30 Minutes <1 Hour >1 Hour > 2Hours >2 Hours Not Hospitalized
vii.	Education	Up to Standard 8 Standard 8 to10 Plus 2 Diploma Graduate Post Graduate and above Uneducated
viii.	Passenger Position	Back Truck or Pickup Bus Passenger Front Seat Other Pillion Rider Rear Seat
ix.	Seat belt/ Hemet	Yes No Not Known
x.	Passenger Action	Standing Sitting Boarding Falling Alighting
xi.	Nationality	Indian Foreigner
13.	Pedestrian Details	
i.	Gender	Male Female TG
ii.	Severity	Fatal Grievous Injury Simple Injury Hospitalized Simple Injury Non Hospitalized No Injury
iii.	Mode of Hospitalization	108 Ambulance Not Hospitalized By Self Private Ambulance Private Vehicle

iv.	Hospitalization Delay	<p><30 Minutes</p> <p>>30 Minutes <1 Hour</p> <p>>1 Hour > 2 Hours</p> <p>>2 Hours</p> <p>Not Hospitalized</p>
v.	Education	<p>Up to Standard 8</p> <p>Standard 8 to 10</p> <p>Plus 2</p> <p>Diploma</p> <p>Graduate</p> <p>Post Graduate and above</p> <p>Uneducated</p>
vi.	Injury Type	<p>Back Injury</p> <p>Buttocks Injury</p> <p>Chest Injury</p> <p>Face</p> <p>Hand</p> <p>Head</p> <p>Hip</p> <p>Knee</p> <p>Leg</p> <p>Neck</p> <p>Not Applicable</p> <p>Shoulders Injury</p> <p>Abdominal</p>
vii.	Pedestrian Position	<p>At the Pedestrian Crossing</p> <p>Within 50meters of Pedestrian Crossing</p> <p>At the Traffic Island</p> <p>At the Footpath</p> <p>At the Shoulder of the Road</p> <p>At the Right Hand Side of the Road</p> <p>At the Centre of Road</p>

viii.	Occupation	Advocate Business Clerk Doctor Driver Engineer Farmer House Keeper Labourer Police Officer Politician Retired Officer Student Unemployed Vendor/ Small Business Owner Worker Other
ix.	Nationality	Indian Foreigner

S.H.O./I.O

P.I.S./ EMPLOYEE No. : _____

Phone No.: _____

P.S.: _____

Date: _____

Documents to be attached:

- i. First Accident Report (FAR)
- ii. Driver's Form-II along with documents submitted by the Driver
- iii. Owner's Form-III along with documents submitted by the Owner
- iv. Verification Report