

FORM 54

[See Rule 150(a) and (2)]

Accident Information Report

- 1. Name of the police station
- 2. CR No. / Traffic Accident report
- 3. Date, time and place of the accident
- 4. Name and full address of the injured / deceased
- 5. Name of the hospital to which he / she was removed
- 6. Registration Number of vehicle and the type of the vehicle
- 7. Driving Licence particulars:
 - (a) Name and address of the driver
 - (b) Driving licence number and date of expiry
 - (c) Address of the issuing authority
 - (d) Badge No in case of public service vehicle
- 8. Name and address of the owner of the vehicle at the time of the accident:
.....
- 9. Name and address of the Insurance Company with whom the vehicle was insured and the particulars of the Divisional Officer of the said insurance company:
.....
- 10. Number of Insurance Policy/Insurance Certificate and the date of validity of the Insurance Policy/Insurance Certificate:
.....
- 11. Registration particulars of the vehicle (class of vehicles):
 - (a) Registration No.
 - (b) Engine No.
 - (c) Chassis No.
- 12. Route Permit Particulars
- 13. Action taken, if any, and the result thereof