

APPLICATION FOR THE GOA STATE INTERIM COMPENSATION TO ROAD ACCIDENT VICTIM SCHEME

Acknowledgement No.(for office use only):

1. Form to be filled legibly in English in BLOCK LETTERS * 2. Fields marked with an (*) are compulsory.

I. APPLICANT DETAILS

Claimant Name*: _____ (FIRST NAME) _____ (MIDDLE NAME) _____ (LAST NAME)

Mobile No.*: _____ Email: _____

Aadhaar No.*: _____

CLAIMANT'S PERMANENT ADDRESS*

House No.*: _____ Locality*: _____

Village*: _____ Taluka*: _____

Pincode *: _____

Relationship With Victim*: _____

Victim Name*: _____ (FIRST NAME) _____ (MIDDLE NAME) _____ (LAST NAME)

Victim's Aadhaar No.*: _____

II. ACCIDENT DETAILS

Place*: _____

Date*:

D	D	M	M	Y	Y	Y	Y
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Date of Death(in case of Victim's Death*):

D	D	M	M	Y	Y	Y	Y
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In Case of Long Term Relief (Residence in Goa for 15 yrs and above)

- Nature of Injury*: Death of the Victim
 (Tick any one) Permanent Disability
 Serious Injury resulting in more than 60 days Hospitalization
 Injury resulting in 8-60 days Hospitalization
 Injury resulting in 3-7 days Hospitalization

In Case of Short Term Relief (Residence in Goa for less than 15 yrs)

- Nature of Injury*: Death of the Victim
 (Tick any one) Hospitalized for more than 7 days

Profession/Occupation/Trade of victim*: _____

No of Dependent on claimant/victim*: _____ Family Income*: _____

Whether Accident Registered with the Traffic Police*: Yes No (tick any one)

Is Victim Insured(if yes please give details below)*: Yes No (Tick any one)

Insurance Company Name : _____

Insurance Company Address : _____

DETAILS OF WITNESS PERSON (if any)

Name: _____ (FIRST NAME) _____ (MIDDLE NAME) _____ (LAST NAME)

Address: _____

III. BANK DETAILS

Bank name*: _____

Branch name*: _____

IFSC Code*: _____

MICR Code*: _____

Account No.*: _____ Account Type*: Savings a/c Current a/c (tick anyone)

IV. DECLARATION & CONSENT TO AADHAAR

I the undersigned Shri/Smt _____ declare that the information given is true and correct to the best of my knowledge and belief and I have not concealed or suppressed any material facts and in case any such things are noticed at later stage, compensation paid shall be forfeited.

I, holder of Aadhaar card , hereby give my consent to Government of Goa to obtain my Aadhaar number, name and fingerprints/iris for authentication with UIDAI.

Government of Goa has informed me that my identity information would only be used for the purpose of availing the service and also informed that my biometrics will not be stored/shared and will be submitted to CIDR only for the purpose of authentication.

Place: _____

Date: _____

(Applicant signature)

V. ACKNOWLEDGEMENT FOR THE STATE INTERIM COMPENSATION TO ROAD ACCIDENT VICTIM SCHEME(for office use only)

Name: _____

Acknowledgement No.: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Sign and Stamp

THE GOA STATE INTERIM COMPENSATION TO ROAD ACCIDENT VICTIM SCHEME

VI. ELIGIBILITY CRITERIAS

Long Term Relief:

1. Death of the Road Accident Victim should be on the spot or within 12 months of accident on account of any injury suffered during the accident, provided it should be the sole and direct cause of the death as certified by Registered Medical Practitioner.
2. Road Accident resulting in Serious Injuries to the victim with more than 3 days of hospitalization.
3. Accident Should be within the State of Goa
4. Application should be submitted with in 60 days of the happening.
5. Victim should be resident of Goa for more than 15 years.
6. Total family income after Accident should be less than Rs 3,00,000/- per annum.

Short Term Relief:

1. Death of the Road Accident Victim should be on the spot or within 12 months of accident on account of any injury suffered during the accident, provided it should be the sole and direct cause of the death as certified by Registered Medical Practitioner.
2. Road Accident resulting in Serious Injuries to the victim with more than 7 days of hospitalization.
3. Accident Should be within the State of Goa
4. Application should be submitted with in 7 days of the happening.

VII. DOCUMENTS TO BE ENCLOSED

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| 1. Aadhaar Card of Claimant* | 2. Aadhaar Card of Victim* |
| 3. FIR issued by concerned Police Station* | 4. Police Panchanama* |
| 5. Medical Report* | 6. Death Certificate*(in case of victim's death) |
| 7. Ration Card* | 8. Bank Passbook* |
| 9. Cancelled Cheque* | 10. Income Certificate* |
| 11. Affidavit* | |

In Case of Long Term Relief

1. Marriage Certificate of deceased if Married* Residence Certificate issued by Mamlatdar*