

**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: