

Annexure 02

Optional Compensation Scheme for Third Party Victims of Motor Traffic Accidents for Death and Permanent Disability

Application for Compensation

N.B. Complete this application form after properly reading and understanding the instructions mentioned in pages 6 & 7 below.

Section 01

Particulars of the Applicant

1.1 Full Name:

1.2 Postal address:

1.3 Occupation:

1.4 Place of Work:

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1.5 Contact Number:

Mobile : Fixed Line :

1.6 Date of Birth: Year Month Date

1.7 National Identity Card Number:

1.8 Sex :

1.9 Marital Status:

1.10 Relationship to the Person Deceased / Permanently Disabled:

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Section 02

Particulars of the Person Deceased / Permanently Disabled

2.1. Full Name

2.2. Postal Address:

2.3. Contact Number:

2.4. Date of Birth: Year Month Date

2.5. National Identity Card Number:

2.6. Sex:

2.7. Marital Status:

2.8 Full Name of the Spouse:

2.9. Full Name and Age of each Child, if any:

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2.10 Names of the Parents, if alive:

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Section 03

Details of the Accident

3.1. Nature of the Accident: FatalCritical Injuries

3.2 Date of the Accident: YearMonthDate.....

3.3 Time of the Accident:a.m./p.m.

3.4 Place of the Accident:

3.5 If persons other than the injured / deceased had died or got injured by the accident, names of such persons (If known)

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3.6 District of the place of accident:

3.7 Police station to which the accident was reported:

3.8 Date on which the accident was reported to the police station:
Year Month Date

3.9 Time at which the accident was reported:a.m./p.m

3.10 Number under which the accident was recorded at the police station:

3.11 Details of the vehicle which caused the accident (Can be obtained from the police station at which the accident was reported)

- Type of Vehicle:

- *Vehicle Number:

-* The Insurance Company which insured the vehicle:

- Insurance policy number:
(*Required)

3.12 Details of the driver who caused the accident (Can be obtained from the police station at which the accident was reported):

- Full Name:

- National Identity Card Number:

Section 04

Medical Evidence

Should be completed by the Medical Officer in charge of the ward of the hospital to which the patient was admitted

4.1 Full Name of Patient :

4.2 Name of the hospital :

4.3 Date on of Admission:

Date of discharge:.....

4.4 Nature of the injury:.....

4.5 Is the patient permanently disabled?

4.6 Type of injury of the patient (out of the list of disabilities identified in Annex 02 (a) of the compensation scheme)

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4.7 Other details

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Name of the Medical Officer:

Signature:

Official Stamp:

*N.B. Medical Officer means a Medical Officer registered with the Sri Lanka Medical Council or Ayurvedic Doctor registered with the Ayurvedic Medical Council.

I hereby certify that the above particulars are accurate to the best of my knowledge.

.....
Signature of the Applicant

.....
Date

Certification of Grama Niladhari and Divisional Secretary

I hereby certify that the above mentioned applicant
(Name), is known to me and he/ she is permanently residing at this division and the particulars furnished by him/ her are true and accurate to the best of my knowledge.

.....
Signature of Grama Niladhari
Official Stamp

.....
Date

.....
Signature of the Divisional Secretary
Official Stamp

.....
Date

Instructions for the applicants

1. Information on the optional compensation scheme for third party victims of motor traffic accidents – death or permanent disability are stipulated in Circular No: 03 of 2024 issued by the Insurance Regulatory Commission of Sri Lanka on 26.02.2024. For more details visit www.ircsl.gov.lk.
2. The completed application form along with copies of documents mentioned herein certified by the Divisional Secretary (except where originals are required) should be handed over to the insurance institution which insured the vehicle that caused the accident, within 6 months from the date on which the death or permanent disability occurred. Please obtain a signed acknowledgement from the insurance institution.
3. The Application Form of this optional compensation scheme can be obtained as follows:
 - i) From all the Police Stations
 - ii) From all the Divisional Secretariats
 - iii) From Insurance Regulatory Commission of Sri Lanka, 11th Floor, East Tower, World Trade Center, Colombo 01 or by visiting www.ircsl.gov.lk or the Facebook Page of IRCSL
 - iv) From National Council for Road Safety, Ministry of Transport, No: 01, D.R. Wijewardhana Mawatha, Colombo 10
 - v) From www.roadsafety.gov.lk or visiting “roadsafety sri lanka” Facebook Page
 - vi) From branches of all General Insurance Institutions
4. Information on General Insurance Institutions registered with the Insurance Regulatory Commission of Sri Lanka is available at www.ircsl.gov.lk.
5. If an Insurance Institution rejects a request for compensation or if the compensation paid does not comply with the percentages indicated in Annexure 2(a) herein, you may forward an appeal to the Insurance Ombudsman. Details of the Insurance Ombudsman are indicated below:

Address: Insurance Ombudsman
Office of the Insurance Ombudsman
No: 143A, Vajira Road
Colombo 05
Telephone + 94 11 250 5542/ + 94 11 2505041
Email - info@insuranceombudsman.lk
Website <https://insuranceombudsman.lk>
6. Further details with regard to this scheme can be obtained through the Hotline 0112 396 188 of the Insurance Regulatory Commission of Sri Lanka.

The application should be submitted to the respective Insurance Institution along with copies of the following documents certified by the Divisional Secretary. Originals should be submitted where required.

For Permanent Disability claims

- (1) Certified copies of the National Identity Cards of the Applicant and the victim of the accident;
- (2) Police Report (Should be completed by the Police Station to which the accident was reported (*Original));
- (3) Diagnosis Card issued by the hospital (Name of the Medical Officer, signature, official stamp and date should be included) and certified copies of other medical reports;
- (4) Certified copies of Birth Certificates of the Applicant and the victim of the accident;
- (5) In cases where the applicant is the spouse of the victim of the accident, a certified copy of the Marriage Certificate.

For Death Claims, following documents should be submitted in addition to the above documents:

- (1) Certified copies of the Death Certificate and the Coroner's Report;
- (2) Certified copies of Birth Certificates of the children of the deceased (Birth certificates of the boys less than 18 years of age and girls less than 20 years of age at the time of the death);
- (3) If the deceased is unmarried, a certificate of Grama Niladhari counter signed by Divisional Secretary or a formal Affidavit to prove same. (*Original).

Annexure 2(a)

List of injuries deemed to result in Permanent (Total/Partial) Disablement and the respective percentages of Compensation

Injury	Percentage of Compensation
Permanent and incurable paralysis of the limbs or injuries resulting in being permanently bedridden	100
Permanent incurable loss of mental capacity resulting in fatal incapacity to work or any other injury causing fatal incapacity to work	100
Eye Injuries	
(i) Total loss of sight in both eyes	100
(ii) Total loss of sight in one eye	80
Hearing Injuries	
(i) Total loss of hearing	80
(ii) Total loss of hearing in one ear	50
Loss of Speech	
(i) Total loss of speech	100
Sensory Loss	
(i) Total loss of sense of smell and taste	60
(ii) Total loss of sense of smell	60
(iii) Total loss of sense of taste	60
Arm Injuries	
(i) Loss of arm at or above elbow	85
(ii) Loss of arm at or below elbow	80
Hand Injuries	
(i) Loss of both hands	100
(ii) Loss of hand or loss of thumb and four fingers	80
(iii) Loss of thumb (both phalanges)	50
(iv) Loss of thumb (one phalanx)	40
(v) Loss of four fingers	80
Loss of Index finger	
(i) Three phalanges	50
(ii) Two phalanges	40
(ii) One phalanx	20
Loss of middle, ring and little fingers	
(i) Three phalanges	30
(ii) Two phalanges	20
(ii) One phalanx	15

Loss of Leg	
(i) at or above knee	90
(ii) at or below knee	80
Foot Injuries	
(i) Loss of both feet	100
(ii) Loss of one foot	90
Loss of Toes	
(i) Great toe-both phalanges	40
(ii) Great toe-one phalanx	20
(iii) Other than great toe, if more than one lost, each	20
Miscellaneous	
(i) Total loss of genitals	75
(ii) Partial loss of genital	60
(iii) Severe facial scarring or disfigurement	90
(iv) Severe bodily disfigurement, other than facial scarring or disfigurement to a maximum of	60
(v) Loss of single tooth	10
(vi) Loss of any member or part thereof not mentioned above (e.g. nose, breast, ear etc.) to be assessed by a medical officer up to a maximum of	60."