FEDERAL ROAD SAFETY COMMISSION
ACCIDENT NOTIFICATION FORM

A. GROUP PERSONAL ACCIDENT (GPA) INSURANCE

1. COMMAND: .....
2. INJURED PERSON NAME: .....
3. RANK: .....
4. GRADE LEVEL/STEP: .....
5. PIN: .....
6. STATUS REGULAR ☐ SPECIAL ☐
7. INJURED PERSON PHONE NUMBER: .....
8. INJURED PERSON HOME ADDRESS: .....
9. NATURE OF ACCIDENT (RTC, Domestic, Workplace etc) .....
10. DATE OF ACCIDENT: .....
11. TIME OF ACCIDENT: .....
12. LOCATION OF ACCIDENT: .....
13. EVAQUATION: GOOD SAMARITAN/AMBULANCE: .....
14. NAME, PHONE NUMBER & ADDRESS OF HOSPITAL TAKEN TO:.....
15. NAME AND ADDRESS OF INJURED PERSON NHIS HOSPITAL: .....
16. PART OF THE BODY AFFECTED: .....

B. INSURANCE FOR MOTOR VEHICLE

1. COMMAND:.....
2. NAME OF THE DRIVER: .....
3. VEHICLE REGISTRATION NUMBER: .....
4. MAKE /MODEL: .....
5. ENGINE/CHASIS No.: .....
6. DATE OF RTC/TIME: .....
7. LOCATION OF RTC: .....
8. NATURE OF ACCIDENT .....CONDITION OF THE VEHICLE (*Beyond Economic repairs, Dent, Serviceable etc*) .....TYPE.....
9. NO OF VEHICLES INVOLVED:.....
10. NO OF VICTIMS: .....
11. STATUS OF DRIVERS LICENCE: .....
12. DRIVER PHONE NO/ CONTACT: .....

C. DETAILS OF THIRD PARTY VEHICLE

1. NAME OF THE OWNER/ DRIVERS: .....
2. OWNER'S/ DRIVERS PHONE NUMBER: .....
3. ONWER'S CONTACT ADDRESS: .....
4. VEHICLE REGISTRATION NUMBER: .....
5. MAKE /MODEL: .....
6. CONDITION OF THE VEHICLE (*Beyond Economic Repairs, Dent, Serviceable etc*)
7. DRIVERS LICENSE STATUS: .....

COMMANDING OFFICER'S NAME..... RANK .....
DESIGNATION:..... SIGNATURE/DATE:.....

- Filled form to be forwarded within 24hrs of an incidence to RSHQ . AHR.