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, RTC While on duty etc. Or Domestic)……
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: ……
17. **(MANDATORY) TOTAL SUM OF MEDICAL BILL/PHARMARCY RECEIPTS INCURED (₦):**

Word……

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INJURED STAFF NAME……. **RANK** ……..

DESIGNATION: ……..…… **SIGNATURE/DATE:**…….

COMMANDING OFFICER'S NAME……. **RANK** ……

DESIGNATION:…….. **SIGNATURE/DATE:**……..