**FORMAT OF APPLICATION FOR COMPENSATION IN MOTOR ACCIDENT**



**In the Court of the Motor Accident Claims Tribunal ….(Name of**

**Place)**

**Claim Petition No. \_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** … Petitioner

**VERSUS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ … Respondent

**Application under the Section 166 & 140 of the**

**Motor Vehicle Act 1988 for grant of Compensation**



1. Name & Father’s Name of the person

injured/dead (Husband’s Name in case

of married women & widow) :

|  |  |  |
| --- | --- | --- |
| 2. | Full address of the person injured/dead | : |
| 3. | Age of the person injured/dead. | : |
| 4. | Occupation of the person injured/dead | : |
| 5. | Name & address of the employer of |  |
|  | the injured / dead. | : |
| 6. | Monthly income of the person injured/ |  |
|  | dead. | : |

1. Does the person in respect of whom compensation is claimed pay income

|  |  |  |
| --- | --- | --- |
|  | tax?  If so state the amount of the |  |
|  | income tax (to be supported by document) | : |
| 8. | Place, date and time of accident | : |
| 9. | Name & Address of Police Station in |  |
|  | whose jurisdiction the accident took |  |
|  | place & FIR was registered. | : |

1. Was the person in respect of whom compensation is claimed traveling by

|  |  |  |  |
| --- | --- | --- | --- |
| the | vehicle | involved in the accident ? |  |
| If so, give the name & place of starting | | |  |
| the | journey | and destination. | : |

1. Nature of the injuries sustained. :
2. Name & Address of the Medical Officer/Practitioner, if any who

|  |  |  |
| --- | --- | --- |
|  | attended to the injuries. | : |
| 13. | Period of treatment and expenditure. | : |
| 14. | Registration No. & Type of vehicle |  |
|  | involved in accident. | : |
| 15. | Name & address of the owner of |  |
|  | offending vehicle. | : |
| 16. | Name & address of the driver of |  |
|  | offending vehicle. | : |
| 17. | Name & address of the insurer of |  |
|  | the vehicle. | : |

1. Has any claim been lodged with the owner/insurer, if so, with what

|  |  |  |
| --- | --- | --- |
|  | Result | : |
| 19. | Name & address of the applicant. | : |
| 20. | Relationship with the deceased / |  |
|  | injured. | : |

1. Title of the property of the deceased/injured. :

22. Amount of compensation claimed. :

1. Any other information that may be necessary and helpful in the disposal

|  |  |
| --- | --- |
| of the case. | : |
| 24. Prayer | : |
|  | **Petitioner** |
| **Verification:** |  |

Verified at Delhi on this the \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_ 200\_\_ that the contents of the above application are true and correct to my knowledge and belief.