**BEFORE THE MOTOR ACCIDENT CLAIMS TRIBUNAL\_\_\_\_\_\_\_\_\_**

**CLAIM PETITION NO. \_\_\_\_\_\_\_\_\_\_ OF 20\_\_**

**IN THE MATTER OF:**

Mr. \_\_\_\_\_\_\_\_\_                                                    **CLAIMANT**
New Delhi

**VERSUS**

1. Mr. \_\_\_\_\_\_\_\_\_\_\_\_                                        **RESPONDENT NO.1**
                                                                                    (DRIVER)

2. Mr. \_\_\_\_\_\_\_\_\_\_\_\_                     **RESPONDENT NO.2**
                                                                                    (OWNER)

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Insurance Company Ltd   **RESPONDENT NO.2**

(INSURANCE COMPANY)

POLICE STATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION FOR PAYMENT OF COMPENSATION UNDER SECTION 140 AND 166 OF MOTOR VEHICLES ACT, 1988**

|  |  |  |
| --- | --- | --- |
| 1. | Name and Father's Name of the Person injured | Mr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ s/o Mr. \_\_\_\_\_\_ |
| 2. | Full address of the Person injured |   |
| 3. | Age of the Person injured |   |
| 4. | Occupation of the Person injured |   |
| 5. | Name & Address of the Employer of the injured |   |
| 6. | Monthly Income of the person injured |   |
| 7. | Does the person in respect of whom compensation is claimed pay income tax? If so state the amount of income tax |   |
| 8. | Place, date and time of accident |   |
| 9. | Brief particulars of the accident |   |
| 10. | Name and address of the Police station in whose jurisdiction accident took place or was registered |   |
| 11. | Was the person in respect of whom compensation is claimed traveling by the vehicle involved in the accident? If so give the name and place of starting the journey and destination |   |
| 12. | Nature of Injuries sustained and disablement, if any, caused |   |
| 13. | Name and address of the Medical Officer/ Practitioner, if any who attended the injuries |   |
| 14. | Period of treatment and expenditure if any incurred |   |
| 15. | Registration Number and type of vehicle involved in the Accident |   |
| 16. | Name and Address of the owner of the vehicle |   |
| 17. | Name and address of Driver of the Offending Vehicle |   |
| 18. | Name and address of the insurer of the vehicle |   |
| 19. | Has any claim been lodged with the owner, insure if so, by the Applicant with what result |   |
| 20. | Name and Address of the Applicant |   |
| 21. | Relationship with diseased |   |
| 22. | Title of the Property of the deceased |   |
| 23. | Amount of Compensation claimed and basis thereof | e.g. Pecuniary loss of earning, Medical Expenses, Loss on account of Mental agony etc.. |
| 24. | Whether reports from the police and Registering Authority have been obtained in Form "A" and Form "D" (If so, to be annexed) |   |
| 25. | Whether affidavit of the Applicant and witnesses as per rule 8 are annexed (give details) |   |
| 26. | Whether documents mentioned in Rule 8 are being annexed duly indexed (give details) |   |
| 27. | Any other information that may be necessary and helpful in the disposal of the case |   |

**PART II**

(To be filled if prayer is made for interim award)

|  |  |  |
| --- | --- | --- |
|  28. | Amount of compensation claimed as interim award |   |
| 29. | Reason for claim of interim award | e.g. claimant is bedridden etc |
| 30. | Whether documents mentioned in sub-rule (4) and sub-rule (5) of rule 20 have been annexed (give details) |   |
| 31. | Prayer | e.g. It is therefore most respectfully prayed that the Petitioner may be awarded a compensation of Rs. ; andIf is further, most respectfully prayed that the Claimants may be awarded compensation under Section 140 of the Motor Vehicles Act, 1988.Any other or further relief as this Hon'ble Tribunal may deem fit and proper in the facts and circumstances of the case as may be made. |

**PETITIONER**

**THROUGH**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_., Advocate

Place :

Date :

**VERIFICATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_, the above named claimant do hereby verify that the contents of Para 1 to 31 of the Claim Petition are true and correct to the best of my knowledge and belief and those of legal averments are true and correct on the basis of legal advice received and believed to be true by me. The last para is the prayer to this Hon'ble Tribunal

Verified at \_\_\_\_ on this \_\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

**PETITIONER**

**BEFORE THE MOTOR ACCIDENT CLAIMS TRIBUNAL\_\_\_\_\_\_\_\_\_**

**CLAIM PETITION NO. \_\_\_\_\_\_\_\_\_\_ OF 20\_\_**

**IN THE MATTER OF:**

Mr. \_\_\_\_\_\_\_\_\_                                                            **PETITIONER**

**VERSUS**

Mr. \_\_\_\_\_\_\_\_\_\_\_\_ & ORS                                                    **RESPONDENTS**

**AFFIDAVIT**

I, \_\_\_\_\_\_\_, the above named Deponent do hereby solemnly affirm and state as under:

1. That I am the Claimant herein and as such am well conversant with the facts and circumstances of the present case and hence am competent to swear this Affidavit.

2. That the statement of facts accompanying Claim Petition has been drafted under my instructions and the contents thereof, except the legal averments contained therein, are true and correct to the best of my knowledge and belief. The legal averments contained therein are true and correct on the basis of the legal advice received by me and believed by me to be true tree and correct. The contents of the Petition not being repeated over here for the sake of brevity and to avoid prolixity.

3. That the deponent declares that no such claim, either before this Hon'ble Tribunal or any other Tribunal or any other Court has been preferred by the Claimants either in Delhi or at any other place.

4. That the Deponent had never been involved in any earlier road accident and no tribunal had ever granted/ made liable, for any compensation arising out of any motor vehicle accident.

5. That no part of this affidavit is false and no materials facts have been concealed therefrom.

**DEPONENT**

I, \_\_\_\_\_\_\_\_\_\_, the above named Deponent, do hereby verify that the contents of the Present affidavit are true and correct to the best of my knowledge and belief, and no part of it is false and no material facts have been concealed therefrom.

Verified at \_\_\_\_\_\_\_\_\_ on this \_\_\_ day of \_\_\_\_ 20\_\_

**DEPONENT**

**BEFORE THE MOTOR ACCIDENT CLAIMS TRIBUNAL\_\_\_\_\_\_\_\_\_**

**CLAIM PETITION NO. \_\_\_\_\_\_\_\_\_\_ OF 20\_\_**

**IN THE MATTER OF:**

Mr. \_\_\_\_\_\_\_\_\_                                               **PETITIONER**

**VERSUS**

Mr. \_\_\_\_\_\_\_\_\_\_\_\_ & ORS         **RESPONDENTS**

**LIST OF DOCUMENTS WITH DOCUMENTS**

|  |  |  |
| --- | --- | --- |
| **S. NO** | **PARTICULARS** | **PAGE NO** |
| 1. | Copy of FIR |   |
| 2. | Copy of Medical Record dated \_\_\_\_ |   |
| 3. | Copy of Aadhar Card of Petitioner |   |
| 4. | Copy of PAN Card of Petitioner |   |
| 5. | Copy of Driving License of Petitioner |   |
| 6. | Copy of Medical Bills |   |
| 7. | Copy of Income Tax Returns of Petitioner |   |
| 8. | Copy of Insurance Certificate of Respondent No. 2 issued by Respondent No. 3 |   |
| 9. | A table showing Petitioner's Medical Expenses as on \_ |   |
| 10. | Brief Particulars of the Accident |   |

**THROUGH**
\_\_\_\_\_\_\_\_\_\_\_\_\_\_., Advocate

Place :

Date :