



FORM OF APPLICATION FOR COMPENSATION

Shri/Srimati/Kumari* ----- Son of/Daughter
of/Widow* of Shri ----- who died/had sustained injuries in an
accident on ----- at ----- particulars in
respect of accident and other information are given below:

a) Bodily Injury

1. Name and father's name of person injured/dead (husband's name in case
of married woman or widow)

2. Address of the person injured/dead

3. Age ----- Date of birth -----

4. Sex of the person injured/dead:

5. Place, date and time of the accident:

6. Occupation of the person injured/dead:

7. Nature of injuries sustained:

8. Name and address of Police Station in whose jurisdiction accident took
place or was registered:

9. Name and address of the Medical Officer/Practitioner who attended on
the injured/dead:

10. Name/s and address/es of the claimant/claimants:

11. Relationship with the deceased:

12. Any other information that may be considered necessary or helpful in
the disposal of the claim:

b) Property Damage:

1. Quantum of Loss reported -----

2. Cause of Loss -----

3. Type of Property Damaged (please furnish details)



I hereby swear and affirm that all the facts noted above are true to the best of my knowledge and belief.

SIGNATURE OF THE CLAIMANT